

Stephenson County Health Department

IPLAN

2009-2014



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EXECUTIVE SUMMARY

In 2008, the Stephenson County 21st Century Healthy Communities Committee initiated a community health intervention plan and began conducting its fourth five-year assessment and planning process known as IPLAN (Illinois Project for Local Assessment of Needs). As part of the process of Local Health Department certification, the Stephenson County Health Department conducted an Organizational Capacity Self-Assessment, completed a Community Health Needs Assessment, organized a Community Advisory Committee, and created a Community Health Plan by using the MAPP process (Mobilizing for Action through Planning and Partnerships).

The ultimate goal of a health needs assessment is to create a “Health Plan” based on input from the community and statistical data from local, state, and national sources that define efforts to improve the health of the community. A community-based process strengthens the partnership between a local health department and its community by encouraging the community to define its health deficiencies and determine its own solutions. The plan establishes goals, defines measurable objectives, and provides for self-evaluation.

Stephenson County 21st Century Healthy Communities was launched in 1998, a collaboration of FHN (then known as Freeport Health Network), Stephenson County Health Department (SCHD), and United Way of Northwest Illinois, which established the structure and guided the development of a comprehensive needs assessment. In 2003, three additional partners, Freeport School District #145, Highland Community College, and Monroe Clinic, joined the effort to lead, with the three original partners, the second health needs assessment.

In April 2008, the six partners met again to establish the need, affirm their resource and financial commitment, design the planning process, and confirm the timeline for completion of the 2009 needs assessment. The Health Department was designated to manage the process, along with identifying and organizing community participants. A list of committee members was presented, along with additional members solicited from the six partners.

The assessment and planning process was conducted through extensive participation of community members, partners, and healthcare consumers. Strategies for community-wide intervention toward priority health issues facing Stephenson County were described, along with specific intervention strategies and action plans which will be carried out directly by SCHD, other member agencies of the Stephenson County 21st Century Healthy Communities Committee, and additional community stakeholders. This process provides for ongoing evaluation and continued refinement through member agency collaboration and community participation, as well as Stephenson County Board of Health oversight.

After a series of meetings and reviewing the priorities of the previous 2004 critical issues and priorities, the committee prioritized the current overarching and health issues affecting Stephenson County:

Critical Issue Overarching

1. Poverty
2. Unemployment/Economy
3. Crime/Child Abuse/Neglect

Critical Issue Health

1. Premature Death among African-Americans
2. Obesity
3. Low Birth Weight (Substance Abuse), Teen Pregnancy, Smoking During Pregnancy, Alcohol Use.

You may view the complete data set at the SCHED website: www.stephensonhealth.com, or pick up a hard copy at the Stephenson County Health Department, 10 West Linden Street, Freeport, IL.

STATEMENT OF PURPOSE

Phase 1: The ultimate goal of a health needs assessment is to create a “Health Plan” based on input from the community and statistical data from local, state, and national sources that define efforts to improve the health of the community. A community-based process strengthens the partnership between a local health department and its community by encouraging the community to define its health deficiencies and determine its own solutions. Simply put, our community members create a “Health Roadmap” for Stephenson County. The plan establishes goals, defines measurable objectives, and provides for self-evaluation. To improve health and other related critical issues, the community must be an active participant in its own problems, solutions, and future. Something as simple as choosing the right direction can have a major impact on the health of the community.

In 2008, the Stephenson County 21st Century Healthy Communities Committee initiated a community health intervention plan and began conducting its fourth five-year assessment and planning process known as IPLAN (Illinois Project for Local Assessment of Needs). As part of the process of Local Health Department certification, the Stephenson County Health Department conducted an Organizational Capacity Self-Assessment, completed a Community Health Needs Assessment, organized a Community Advisory Committee, and created a Community Health Plan by using the MAPP process (Mobilizing for Action through Planning and Partnerships). The intent was to create a process to meet requirements for Local Health Department certification, as set forth in section 600.410, Title 77, Chapter I, of the State Administrative Code. (The first version was done in 1993-1994 by a different method.)

Stephenson County 21st Century Healthy Communities has its roots in the desire to understand and address the most pressing health needs of Stephenson County. Launched in 1998, a collaboration of FHN (then known as Freeport Health Network), Stephenson County Health Department (SCHD), and United Way of Northwest Illinois established the structure and guided the development of a comprehensive needs assessment. Five years later (2003), three additional partners, Freeport School District #145, Highland Community College, and Monroe Clinic, joined the effort to lead, with the three original partners, the second health needs assessment, Stephenson County 21st Century Healthy Communities.

In April 2008, the six partners met again to establish the need, affirm their resource and financial commitment, design the planning process, and confirm the timeline for completion of the 2009 needs assessment; thus the Readiness Survey was completed. The Health Department was designated to manage the process, along with identifying and organizing community participants. A list of committee members was presented, along with additional members solicited from the six partners.

The assessment and planning process was conducted through extensive participation of community members, partners, and healthcare consumers. Strategies for community-wide intervention toward priority health issues facing Stephenson County were described, along with specific intervention strategies and action plans, which will be carried out directly by SCHD, other member agencies of the Stephenson County 21st Century Healthy Communities Committee, and additional community stakeholders. This process provides for ongoing evaluation and continued refinement through member agency collaboration and community participation, as well as Stephenson County Board of Health oversight.

COMMITTEE MEMBERS

PARTNERS

FHN
Freeport School District 145
Highland Community College
Monroe Clinic
Stephenson County Health Department
United Way of Northwest Illinois

STEERING COMMITTEE MEMBERS

Kelly Alexander, Executive Director, Stephenson County Senior Center
Craig Beintema, Public Health Administrator, Stephenson County Health Department
John Blum, Chairman, Stephenson County Board
Jeanette Bruce, Citizen of Freeport
Barb Curry, University of Illinois Extension, Stephenson County
Dick Drogosz, Chair, Community Vision 20/20
Lynn Feaver, Vision 20/20
Peter Flynn, PhD, Superintendent, Freeport School District 145
Kim Grimes, Executive Director, Freeport Chamber of Commerce
Shelly Griswold, Director, Community Development, City of Freeport
Terry Groves, Director, Stephenson County Zoning/Emergency Management Agency
Rich Haight, Executive Director, YMCA of NWIL
Wanda Herrmann, Superintendent, Dakota School District
Sheila Hooper, Supervisor, Freeport Township
Thedford Jackson, Faculty, Highland Community College
Bruce Johnson, Director, Stephenson County Farm Bureau
Joe Kanosky, PhD, President, Highland Community College
Michelle Lindeman, Assistant Administrator, Provena St. Joseph Center
Shannon Lizer, DON, Highland Community College
Andrea Moring, State Bank and Stephenson County Board of Health
Marsha Mulligan, Director, United Way of NW Illinois
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Linda O'Neill, Alderwoman, Freeport City Council
Clarence Parks, MD, President, Stephenson County Board of Health
James Rhyne, Executive Director, Freeport Boys & Girls Club
Michael Sanders, President, Monroe Clinic
Carla Stadel, Director of Home Care, Monroe Clinic
Sharon Summers, Executive Vice President and Chief Operation Officer, FHN
Don Swanson, Director, Marketing & Planning, FHN
Sue Swanson, Executive Director, Malcolm Eaton Enterprises
Connie Taylor, AVID Director, Freeport School District 145
Mary Waters, Provena St. Joseph Center
Cindy Werkheiser, Director of Process Development, Monroe Clinic

Alvin Wire, Stephenson County Board
Dean Wright, Executive Director, Freeport Area Church Cooperative
Millie Zimmerman, FHN

STAFF

- Craig Beintema, MS, LEHP, CPHA, Administrator, SCHD
- Annette Hartman, MS, Marketing Director, United Way of Northwest Illinois
- Jack Herrmann, DVM, MPH, Section Head, Community Health and Preventive Medicine, University of Illinois at Urbana-Champaign, College of Veterinary Medicine
- Deborah Lischwe, MS, Research Analyst, University of Illinois at Chicago, College of Medicine – Rockford

SUBCOMMITTEE MEMBERS

Community Health Status Assessment

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Shelly Griswold
Rich Haight
Thedford Jackson
Michelle Lindeman
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Local Health System Assessment

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Community Themes and Strengths

Jack Herrmann, Chair
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Peter Flynn
Wanda Herrmann
Sheila Hooper
Thedford Jackson
Bruce Johnson
Joe Kanosky
Marsha Mulligan
Linda O'Neill
James Rhyne
Carla Stadel
Sue Swanson
Cindy Werkheiser

PROCESS

Stephenson County 21st Century Healthy Communities 2009-2014 used the MAPP process developed by the National Association of County and City Health Officials. MAPP, Mobilizing for Action through Planning and Partnerships, derives its value from community participation. This strategic planning tool uses the community's strengths, needs and desires to identify priority health issues and the resources to address them.

Comprised of 38 area leaders, the Stephenson County 21st Century Healthy Communities Steering Committee met as a whole in June, August, September, October, and December 2008 to conduct the MAPP process. During the initial June meeting Steering Committee members were introduced to the MAPP process and the projected time table, and reviewed the priorities of the previous 2004 critical issues and priorities.



Visioning – Phase 2

The visioning phase involved a process of building upon already-established shared community vision and values that were developed during the 1999 and 2004 IPLAN processes. The Steering Committee reaffirmed the Vision. Through the 21st Century Healthy Communities Committee, the Health Department's operational philosophy of health planning and implementation already had focus, direction, and purpose.

The vision statement is somewhat broad in scope, but for the purposes of establishing and prioritizing critical issues, it would be very useful as a guide to our efforts throughout the process. Upon review it was decided the vision met the needs of the community. **Our Vision of a Healthy Community: "One that is safe with affordable housing and accessible transportation systems, work for all who want to work, a healthy and safe environment which provides opportunities for family activities, promotes community mindedness and volunteerism, maintains a sustainable ecosystem, and offers access to healthcare services which focus on prevention and staying healthy."**

Following the vision phase, members were presented community data and a brief summary of key findings. Prior to discussion, each member was asked to submit their perceived key community health and other issues. Further discussion of the data was held, as well as a discussion of whether there should be additional data collected. At the end of the meeting, individuals were asked to join one of three working subcommittees:

- Community Health Status Assessment
- Community Themes and Strengths, Forces of Change
- Local Community Health System Assessment

These subcommittees met over the following four months and solicited additional individuals for a wider perspective. Results from each assessment would be used to identify the most important issues affecting the health of the people of Stephenson County. Steering Committee members ranked the most important issues according to size, severity, and effectiveness of interventions to select at least three health priorities and overarching issues.

On March 31, 2009, the committee met to further identify and establish the goals, strategies and action plans. (See Goals, Strategies, Issues and Action Plan section.)

The Four MAPP Assessments – Phase 3

INTRODUCTION

Community Health Status Assessment (LCHA) – Chairperson Deb Lischwe: This subcommittee reviewed, collected, and analyzed an abundance of data from the US Census, Illinois Department of Public Health (Vital Statistics, Behavioral Risk Factor Surveillance Survey, IPLAN Data System), Illinois Health Care Cost Containment Council, and numerous other state and national sources. These data became an objective foundation for assessing the health of Stephenson County since the last assessment in 2004 and relative to Illinois and US. Areas in which the county fared poorly became candidates for “Health Problems,” which were ranked in the priority selection process.

Community Themes and Strengths (CTS) -- Chairperson - Jack Herrmann: This subcommittee developed and administered a community health assessment survey to gather information about county residents’ perceptions and perspectives. As a complement to the quantitative (data) analysis, survey results offer a “qualitative” look at our county’s health problems. Surveys were distributed through the health department, FHN, Monroe Clinic, Freeport Chamber of Commerce, M45, various social organizations, and the East Side Task Force. The surveys could be completed through a traditional paper method or on-line, which was something new. A copy of the survey is in Appendix.

Forces of Change Assessment – Chairperson Jack Herrmann: This assessment was completed by the committee through three focus groups: the steering committee, a rural group, and an urban group. Essentially, this assessment identified Strengths, Weaknesses, Opportunities, and Threats (SWOT) regarding the health of Stephenson County. The community, through the committee, identified forces such as legislation, technology, or other changes that were occurring or might occur that have an effect on the community’s health.

Local Health System Assessment – Chairpersons Don Swanson and Craig Beintema: This subcommittee evaluated the strengths, assets, and resources of the health activities within the county. Using a tool from the National Public Health Performance Standards Program, “10 Essential Public Health Services” were analyzed according to indicators and model standards defining optimal performance.

LOCAL COMMUNITY HEALTH STATUS - THE ASSESSMENT

Process

As one of the assessments used for the 21st Century Healthy Communities planning process, the Community Analysis presents a comprehensive overview of Stephenson County by describing the population through secondary sources of information. Topics include population size, race/ethnicity, age, gender, income, employment, crime, births, deaths, health behaviors, morbidity, and healthcare utilization. At a minimum, the eleven IPLAN data categories were used as a basic starting point of analyses, including, but not limited to:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social & Mental Health
- Maternal & Child Health
- Death, Illness & Injury
- Infectious Disease
- Sentinel Events

The two major sources of information for the Community Analysis 2008 are the US Census Bureau and Illinois Department of Public Health, with other data from numerous federal, state and regional entities. Health Systems Research of the University of Illinois at Rockford, which specializes in community needs assessments of health and human service organizations, prepared the report.

A principal goal of the community health status assessment portion is to provide a comparison of community health indicators that may be defined in terms of disparities of death, disease, disability or other correlates considered as adverse outcomes (e.g. low birth weight (LBW), teen pregnancy, substance abuse, and cancer).

The committee needed to address the following three objectives: (1) to provide a demographic description of Stephenson County; (2) to establish critical health issues and overarching critical issues that may not be directly related to health but could have an impact; and (3) to describe the health of the population using measures of natality, morbidity, mortality and available risk factors associated with adverse health outcomes, and to provide a comparative basis for prioritizing areas of need for addressing adverse health outcomes.

The health status committee met on three separate days during July through August 2008, to review the data and recommend to the steering committee a list of critical issues that should be prioritized. Committee members rated Critical Issues and Health Problems according to size, severity, and effectiveness of interventions (Hanlon Method). Identified were five critical issues:

- Poverty
- Unemployment/Economy
- Child Abuse/Neglect
- Crime
- Domestic Violence

and 12 health problems:

Premature Death among African-Americans
Teen Births
Substance Abuse
Low Birth Weight
Obesity
Sexually Transmitted Disease
Birth to Unmarried Mothers
Mental Illness
Heart Disease
Tobacco Use
Respiratory Disease
Cancer

These key findings were presented along with the other four assessments for further priority consideration by the entire Steering Committee. At the December 5, 2008, meeting the steering committee identified strategic/critical issues (MAPP Phase 4). A modified Hanlon Method was used to prioritize the critical issues, both health and overarching, that indirectly/directly affect health of the community and establish goals/strategies.

CRITICAL ISSUE OVERARCHING

1. Poverty
2. Unemployment/Economy
3. Crime/Child Abuse/Neglect

CRITICAL ISSUE HEALTH

1. Premature Death among African-Americans
2. Obesity
3. Low Birth Weight (Substance Abuse), Teen Pregnancy, Smoking During Pregnancy, Alcohol Use

COMMUNITY THEMES AND STRENGTHS (CTS) AND FORCES OF CHANGE (FOC) - THE ASSESSMENT

Community Themes and Strengths Survey

INTRODUCTION

The Community Themes and Strengths sub-committee administered surveys to 627 Stephenson County residents during a three month period from mid-July through early October, 2008. Surveys were available at the Stephenson County Health Department, FHN Memorial Hospital and offices, and offices of The Monroe Clinic. Additionally, surveys were completed at various Stephenson County businesses, school districts, and community organizations. They were also available on-line through SurveyMonkey.com.

During the previous community health assessment in 2003-2004, females and young African-American males were over-sampled because females have traditionally been the largest consumer group of healthcare services in Stephenson County, and young black males have been traditionally underrepresented in community surveys¹. For the current health assessment, the goal of the subcommittee was to survey a representative sample of Stephenson County residents so that the results could be generalized to the community served by the Stephenson County Health Department.

METHODOLOGY

Based on an estimated 2008 county population² of 46,367, the number of completed surveys to provide a 99% confidence level, with a confidence interval of 5, was determined to be 6252.

Almost 23% of respondents received and completed their surveys through the on-line survey system³. The rest completed paper copies of the survey at the workplace (29.2%), at the Stephenson County Health Department (14%), at a healthcare provider's office (10.1%), or at a community meeting (6.9%). Responses received on paper surveys were hand-entered into the on-line survey instrument and data were analyzed through that instrument's database.

Both 95% and 99% confidence intervals were calculated for responses to many of the survey's questions. Responses were ranked based on count and non-overlapping confidence intervals.

DEMOGRAPHICS OF RESPONDENTS

Only responses from people who lived in Stephenson County and who were over eighteen years of age were tabulated. A slight majority (326, 52%) of survey respondents lived in Freeport, which approximates US Census findings that 53.4% of Stephenson County residents live in Freeport. Female residents, who make up an estimated 52.1% of county residents, were again over-represented in the survey (432, 73%), not by design, but by default. The age distribution of respondents closely followed US Census estimates for the county, with 52.6% of respondents over the age of 40 and a median age of 38.4 years. Black residents made up 9.5% of survey respondents, slightly more than the 7.9% estimated to live in Stephenson County. College graduates (323, 54.6%) were over-represented among respondents, exceeding estimates by US Census for the county by a factor of three (54.6% versus 16.6%). However, the median household income of respondents (\$52,865) was consistent with estimates for the county (\$55,086)⁴ (Table1).

RESULTS

Health Assets and Strengths within the Community (Table 2)

There were three clearly preferred choices among respondents in selecting assets that define Stephenson County as a healthy community. The three most important health assets in Stephenson County chosen by survey respondents were:

- 1) parks and recreation
- 2) good healthcare system
- 3) good schools

Among all demographic groups, these three choices were listed in the top three with only minor changes in place order. The one exception was among Black respondents who ranked “good place to raise children” in place of “parks and recreation.” Compared to the 2003 assessment, the only selection that appeared in both assessments was “good schools,” ranked second in 2003. The other two ranked health assets in 2003 were “low crime and safe neighborhoods” and “good jobs and healthy economy.”

Health Problems within the Community (Table 3)

“Alcohol and other drug use” was consistently ranked as the primary or secondary concern for most respondents cumulatively and when broken out according to demographics. However, there was less concordance for the second and third overall choices. The top three health concerns overall were:

- 1) alcohol and other drug use,
- 2) teen pregnancy, and
- 3) poverty.

There were differences, although not significant, in responses according to demographic groups:

- County residents, males, and those over 65 years of age ranked teen pregnancy as sixth overall.
- Black respondents ranked sexually transmitted diseases as third overall.

The first two choices were the same as in 2003. “Poor diet and inactivity,” ranked third overall in 2003, was fifth overall in 2008. However, “being overweight” was ranked as one of the top three choices for unhealthy behaviors in 2008.

Unhealthy Behaviors in Stephenson County

There was consensus among respondents in ranking the three most unhealthy behaviors in Stephenson County:

1. Drug abuse
2. Being overweight
3. Alcohol abuse

However, black respondents ranked “dropping out of school” second overall, while dropping “being overweight” to fifth. Respondents with no college or making less than \$50,000 per household annually also ranked “dropping out of school” high enough so that its confidence interval overlapped with that of alcohol abuse.

County Health, Personal Health and the Healthcare System

There was consistent evaluation of *Stephenson County as a healthy place* to live across all demographic groups. 91.2% of respondents rated Stephenson County as a somewhat healthy (50.1%), healthy (36%), and very healthy (5.1%) place to live.

In response to the question, *“How would you rate your own personal health”*, 95.2% of respondents rated their personal health as somewhat healthy (23.4%), healthy (54.5%), and very healthy (17.5%). A substantial number of black respondents (9%) and respondents who pay healthcare costs with cash or Medicaid (6.8%) rated their own personal health as unhealthy or very unhealthy.

In rating the *healthcare system in Stephenson County*, 67.1% of respondents rated it as good (57.2%) or excellent (9.9%). Over half (51.2%) of the respondents who used Medicaid or paid cash for healthcare rated the healthcare system as fair (29.8%), poor (17%), or very poor (4.5%). A significant number of black respondents rated the healthcare system as poor (16.1%) or very poor (5.4%) ($p < 0.05$). Those respondents over 65 years of age (85.1%) rated the healthcare system highest among respondent groups.

There were significant differences by demographic group in how *personal healthcare was financed*. One half (50%) of black respondents, 24.2% of respondents with no college education, and 22% of respondents under 40 years of age paid for healthcare through Medicaid or with cash. Over 80% of white respondents financed healthcare through insurance, compared to only 26.8% of black respondents ($p < 0.0001$). The difference in educational attainment groups was also significant: 87.3% of those with a college education paid for healthcare through health insurance, compared to only 58.7% of respondents with no college. ($p < 0.0001$)

The vast majority (86%) of respondents who needed *healthcare* were able to *obtain it within Stephenson County*. For those who went outside the county for healthcare, the two most common reasons were that their doctor of choice was in another county or that there was no one in Stephenson County who provided needed services. The most commonly used services outside of Stephenson County were lab work, imaging, dental care, emergency service, and eye care.

19.2% of respondents used *mental health services* during the past year. Of those who used mental health services, 16.1% used counseling, 3.1% needed crisis care, and 4.4% required hospitalization. 12.2% of respondents stated that they were unable to work or perform daily activities from one to many days per month. There were no significant differences among demographic groups in frequency of utilization of mental health services or type of mental health services used.

Social Services

The majority of all Stephenson County residents (77.5%) did not need social services during the past year, but of those who did, 84% were able to get those services in Stephenson County. A significant number of black respondents (53.6%, $p < 0.05$) needed some form of social service over the past year. The most common services needed were food stamps (33.9%), housing assistance (19.6%), WIC (17.9%), and Kidcare/SCHIP (12.5%). Only 13.6% of county residents needed social services during the past year; the other 8.9% of respondents did not answer this question.

Long term care (LTC) was utilized by 10% of respondents. The majority of LTC users either had no difficulty getting placement within the county or needed specialized care (post-surgical, rehabilitation, etc.) that was only provided elsewhere. There were no demographic differences in responses to utilization of LTC in Stephenson County.

Employment and Job Satisfaction

Of the 14.3% of respondents who stated that they were not working full- or part-time, 55% were retired. Almost one quarter (24.9%) of non-college-educated respondents and 33.9% of black respondents reported that they were unemployed. Of those working full- or part-time, 89.2% stated that their jobs gave them satisfaction most of the time. Among black respondents, 66.1% stated that their jobs gave them satisfaction most of the time, a significant difference from the overall sample ($p < 0.05$).

Regarding stress in the workplace, 24.5% of respondents said that their jobs gave them a lot of stress (19.4%) or too much stress (5.1%). There were no significant differences among demographic groups in the amount of stress reported in their workplace.

In response to a question about how many days per month that a respondent was unable to perform daily activities or go to work, 83.4% of respondents stated zero, while 10.9% reported one to several days per month. In contrast, 60.7% of black respondents ($p < 0.05$) reported zero days, while 17.9% reported one to several, and an additional 7.1% reported that they were unable to perform daily activities or work many days per month.

31.5% of respondents did not have enough money to *always* pay for essentials such as food, clothing, housing, and medicine. Of these respondents, black respondents (64.3%), non-college-educated (44.2%), and city residents (36%) made up the majority of people who do not have enough assets to pay for basic needs all of the time.

Housing

Almost 75% of respondents owned their own houses, 57.2% of respondents spent 25% or less of disposable income on housing costs, and 81% were satisfied with their current housing situation. Black and non-college-educated respondents reported the highest percentage of income used for housing. The most common reason for dissatisfaction with housing was that it was too small and crowded.

Volunteerism

The majority of respondents (69.5%) spend five hours or less per week in volunteer activities. The most common reason for not volunteering more was “not enough time.”

SUMMARY

A limitation of the survey was that over-sampling of female and college-educated respondents might introduce gender and educational bias in responses. However, for the questions that concentrated on community health assets, deficiencies and unhealthy behaviors, there were no significant differences in responses based on gender or educational status. Strengths of the survey were that it closely approximated county demographics in terms of place of residence, age, racial/ethnic group, and median household income, and that enough surveys were returned to approach the 99% confidence level. Since over 77% of surveys were completed on paper, the introduction of a computer access bias was minimized.

Much of the data from the surveys suggested associations that are intuitive and/or established in previous sociological and community health research. The community perception data complement the objective analysis of health issues as defined by incidence and prevalence data.

TABLE 1

	2008 MAPP survey respondents	US Census estimates for Stephenson County
Place of residence (Freeport)	52%	53.4%
Gender	73%	52.1%
Median age (years)	38.4	41.2
Racial/ethnic group	9.5%	7.9%
Education level (% college degree)	54.6%	16.6%
Median household income	\$52,865	\$55,086

TABLE 2

Stephenson County Health Assessment Survey 2008 – Health Assets

From the following list, please select what you think are the three most important health assets/strengths in Stephenson County? Select only three items.

Answer Options	Response Percent	Response Count	CI 95%	CI 99%	Rank
Community Involvement	13.9%	87			
Low crime / safe neighborhoods	13.6%	85			
Low level of child abuse	2.4%	15			
Good Schools	36.0%	226	34.3-37.7	33.8-38.2	3
Access to healthcare	19.9%	125			5
Parks and recreation	46.9%	294	45.2-48.6	44.7-49.1	1
Appreciation of diversity	1.8%	11			
Good jobs and healthy economy	9.6%	60			
Strong family life	12.6%	79			
Healthy behaviors and lifestyles	4.3%	27			
Good place to raise children	28.4%	178			4
Good place to grow old	10.2%	64			
Low infant death rate	2.7%	17			
Excellent race relations	0.6%	4			
Clean environment	16.1%	101			
Affordable quality housing	18.3%	115			6
Low death and disease rates	1.9%	12			
Religious or spiritual values	14.5%	91			
Arts and cultural events	5.6%	35			
Good healthcare system	36.4%	228	34.7-38.1	34.2-38.6	2
Other	2.2%	14			
	<i>answered question</i>	627			
	<i>skipped question</i>	0			

95% confidence interval ±1.67

99% confidence interval ±2.19

TABLE 3**Stephenson County Health Assessment Survey 2008 – Health Problems**

From the following list, please select what you think are the three most important “health problems” in Stephenson County? (i.e. those problems that have the greatest impact on overall community health.) Select only three items					
Answer Options	Response Percent	Response Count	CI 95%	CI 99%	Rank
Motor vehicle crashes	4.5%	28			
Rape / sexual assault	2.9%	18			
Mental health issues	17.7%	111			
Homicide	2.1%	13			
Child abuse / neglect	12.9%	81			
Elder abuse / neglect	1.1%	7			
Suicide	1.4%	9			
Teenage pregnancy	35.2%	221	33.7-36.7	33.3-37.1	2
Cancer of any type	27.1%	170			
Domestic violence	12.3%	77			
Firearm-related injuries	2.7%	17			
Hunger	1.9%	12			
Infectious Diseases (hepatitis, TB, etc.)	1.6%	10			
Poor Diet / Inactivity	24.1%	151			
Alcohol & other drug abuse	39.4%	247	37.9-40.9	37.5-41.3	1
HIV/AIDS	0.8%	5			
Sexually Transmitted Disease	11.6%	73			
Lack of access to healthcare	7.3%	46			
Poor healthcare system	6.2%	39			
Chronic Diseases (cancer, heart, diabetes)	20.7%	130			
Aging problems	11.5%	72			
Tobacco use	8.6%	54			
Homelessness	2.7%	17			
Poverty	31.7%	199	30.2-33.2	29.8-33.6	3
Lack of access to dental care	7.2%	45			
Lack of access to fresh fruit and vegetables	1.4%	9			
Other	3.3%	21			
<i>answered question</i>		627			
<i>skipped question</i>		0			

95% confidence interval ±1.47
 99% confidence interval ±1.93

TABLE 4**Stephenson County Health Assessment Survey 2008 – Healthy Place to Live**

How would you rate Stephenson County as a healthy place to live? Select one			
Answer Options	Response Percent	Response Count	
Very Unhealthy	1.1%	7	Very unhealthy
Unhealthy	6.9%	43	Unhealthy
Somewhat Healthy	50.1%	314	Somewhat healthy
Healthy	36.0%	226	Healthy
Very Healthy	5.1%	32	Very healthy
NR	0.8%	5	NR
<i>answered question</i>		627	
<i>skipped question</i>		0	
			95% confidence interval ±

95% confidence interval ± 1.7
 99% confidence interval ± 2.2

References

1. Stephenson County 21st Century Healthy Communities 2003-2008. Stephenson County Health Department, August, 2004.
2. www.surveysystem.com/sscalc.htm
3. www.surveymonkey.com
4. http://factfinder.census.gov/servlet/SAFFPopulation?_event=Search&_name=stephenson&_state=04000US17&_county=stephenson&_cityTown=stephenson&_zip=&_sse=on&_lang=en&pctxt=fph

Forces of Change Focus Groups

INTRODUCTION

Three focus groups were conducted during late summer of 2008. The first group was made up of most (28 participants) of the Steering Committee for the 2008 21st Century Healthy Communities Project. The second group was made up of 18 rural county residents. The third group was made up of 13 African-American residents who assembled at the Boys and Girls Club in Freeport.

Each focus group was asked to do a **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats (SWOT) analysis of Stephenson County. Although each group focused on issues of concern specific to their places of residence and to their personal experiences, there was consistency in their overall responses on the forces, internal and external, that are helping to shape Stephenson County and which directly and indirectly impact the health of the community.

The responses developed by each group are summarized in the appendix, and the responses developed by individual focus groups are also located in the appendix as separate documents.

LOCAL COMMUNITY HEALTH SYSTEM – THE ASSESSMENT

One of the main components of MAPP is the Local (Community) Public Health System Assessment. It is designed to identify and evaluate community health system assets and resources. In particular, we look at the system within Stephenson County so that we can answer the question, “What are the components, activities, competencies and capacities of our system?” A series of questions measures performance as it relates to a set of national standards. Ultimately these questions will generate recommendations for improvement and will also be used to identify critical issues that affect the community.

The Local Public Health System Tool, a component of the National Public Health Performance Standards Program, was used to complete the assessment. To describe the broad nature of this assessment and reduce confusion with the local public health department, a decision was made to refer to this process as the Local (Community) Health System Assessment versus the Local Public Health System Assessment. This provides a unique opportunity make a comparison of the current 2009 analysis with values found in 2004 and to identify improvement.

The assessment tool is based on “10 Essential Public Health Services,” a nationally-accepted standard for describing overall community health activities. The 10 Essential Services are broken down into 31 indicators that represent major components, activities or practice areas of the essential services. Associated with each indicator are model standards that describe aspects of optimal performance. Within the assessment tool, the model standards are followed by a series of assessment questions that measure performance. The assessment tool is available at www.phppo.cdc.gov/nphpsp.

The purpose of the National Public Health Performance Standards Program (NPHPSP) is to provide measurable performance standards that public health systems can use to ensure the delivery of public

health services. The Local Public Health System Assessment Instrument focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.

There are four concepts that have helped to frame the NPHPSP:

1. As mentioned previously, the standards are **designed around the 10 Essential Public Health Services**. The use of the Essential Services assures that the standards fully cover the gamut of public health action needed at state and community levels.
2. The standards **focus on the overall public health system**, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services.
3. The standards **describe an optimal level of performance** rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.
4. The standards are intended to **support a process of quality improvement**. System partners should use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

The 10 Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

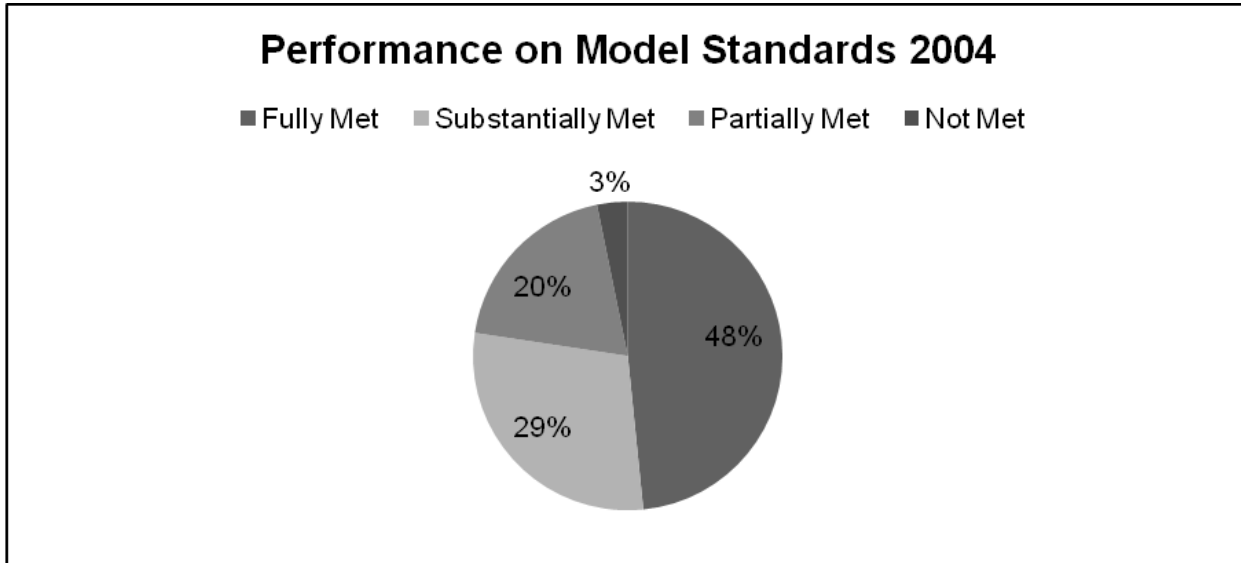
To complete the assessment, a core team of six committee members reviewed the 10 Essential Services. Based on this initial review, community members knowledgeable in each of the specific areas were identified and invited to participate in the process. Eleven community members representing eight different organizations attended the work sessions or provided input in the completion of the assessment. Compiled assessment responses were submitted electronically to the Centers for Disease Control (CDC) and results were returned. Table 1 shows summary scores for both years, along with a comparison change.

Each Indicator/Model Standard question was scored by applying a complex statistical formula to the response entered on the Assessment Tool. The Indicator/Model Standard scores were averaged and multiplied by 100 to arrive at a percentage score for the Essential Service. An Indicator/Model Standard is considered:

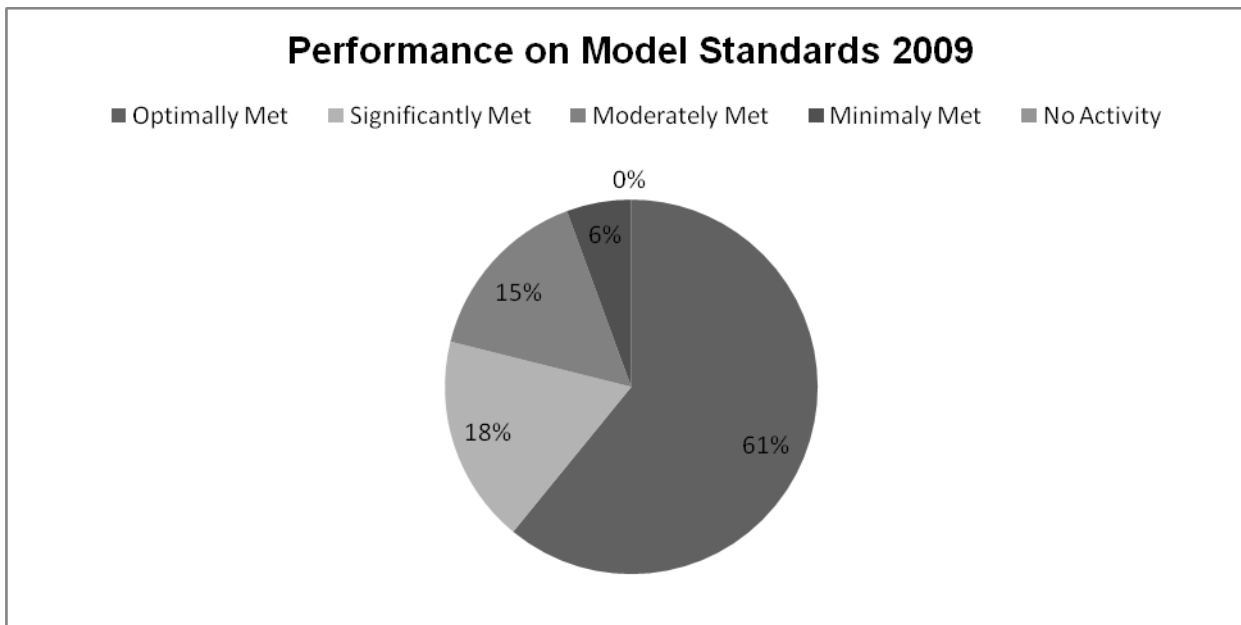
- Fully met if the score is 80% or greater
- Substantially met between 60% and 80%
- Partially met between 25% and 60%
- Not met if the score is less than 25%.

Results

The pie chart shows the distribution of the categorized Indicator/Model Standard scores for 2004 (Figure 1)



Percentage of all scored questions from Table 2 that fall within the five activity categories 2009 (Figure 2)



Stephenson County Local Health System Assessment Essential Health Service Summary Scores (Table 5)

	2004	2009	Change
Diagnose/Investigate Health Problems and Hazards	87	99	+12
Evaluate Effectiveness, Accessibility and Quality of Personal- and Population-Based Health Services	87	81	- 6
Mobilize Community Partnerships to Identify and Solve Health Problems	78	81	+3
Develop Policies and Plans that Support Individual and Community Health Efforts	77	96	+22
Inform, Educate, and Empower People of Health Issues	76	8	+6
Enforce Laws and Regulations that Protect Health and Ensure Safety	76	99	+23
Assure a Competent Public and Personal Healthcare Workforce	73	77	+4
Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable	62	80	+18
Research for New Insights and Innovative Solutions to Health Problems	56	80	+24
Monitor Health Status to Identify Community Health Problems	55	86	+31
Overall Average	72.7	86	+ 13.3

Community Health System Assessment 2009

In 2008, the “degree to which a service is met” was altered to reflect a change in name and percent. An indicator model standard is considered:

- Optimal if >75% of the activity described within the question is met
- Significantly met between 50% and 75%
- Moderately met between 25% and 50%
- Minimally met is greater than 0 but less than 25%
- No activity is 0% or absolutely no activity.

Table 6 shows each of the 10 Essential Services in **bold** along with scores of the subcategories.

TABLE 6**Summary of performance scores by Essential Public Health Service (EPHS) and model standard**

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	86
1.1 Population-Based Community Health Profile (CHP)	82
1.1.1 Community health assessment	100
1.1.2 Community health profile (CHP)	75
1.1.3 Community-wide use of community health assessment or CHP data	75
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	75
1.2.1 State-of-the-art technology to support health profile databases	75
1.2.2 Access to geo-coded health data	75
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	99
2.1 Identification and Surveillance of Health Threats	96
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	75
2.2 Investigation and Response to Public Health Threats and Emergencies	100
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	100
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100

Essential Public Health Service	Score
EPHS 3. Inform, Educate, And Empower People about Health Issues	82
3.1 Health Education and Promotion	71
3.1.1 Provision of community health information	100
3.1.2 Health education and/or health promotion campaigns	75
3.1.3 Collaboration on health communication plans	25
3.2 Health Communication	75
3.2.1 Development of health communication plans	75
3.2.2 Relationships with media	75
3.2.3 Designation of public information officers	100
3.3 Risk Communication	100
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	100
3.3.3 Crisis and emergency communications training	100
3.3.4 Policies and procedures for public information officer response	100
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	81
4.1 Constituency Development	89
4.1.1 Identification of key constituents or stakeholders	100
4.1.2 Participation of constituents in improving community health	75
4.1.3 Directory of organizations that comprise the LPHS	100
4.1.4 Communications strategies to build awareness of public health	75
4.2 Community Partnerships	73
4.2.1 Partnerships for public health improvement activities	75
4.2.2 Community health improvement committee	100
4.2.3 Review of community partnerships and strategic alliances	50
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	96
5.1 Government Presence at the Local Level	98
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	100
5.1.4 LHD work with the state public health agency and other state partners	100
5.2 Public Health Policy Development	93
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	100
5.2.3 Review of public health policies	100
5.3 Community Health Improvement Process	96
5.3.1 Community health improvement process	100
5.3.2 Strategies to address community health objectives	100
5.3.3 Local health department (LHD) strategic planning process	100
5.4 Plan for Public Health Emergencies	99
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100

Essential Public Health Service	Score
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	99
6.1 Review and Evaluate Laws, Regulations, and Ordinances	100
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	100
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	100
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	100
6.2.1 Identification of public health issues not addressed through existing laws	100
6.2.2 Development or modification of laws for public health issues	100
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	100
6.3 Enforce Laws, Regulations and Ordinances	97
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4 Provision of information about compliance	100
6.3.5 Assessment of compliance	100
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable	80
7.1 Identification of Populations with Barriers to Personal Health Services	83
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	75
7.2 Assuring the Linkage of People to Personal Health Services	77
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	75
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4 Coordination of personal health and social services	75

Essential Public Health Service	Score
EPHS 8. Assure a Competent Public and Personal Healthcare Workforce	77
8.1 Workforce Assessment Planning, and Development	50
8.1.1 Assessment of the LPHS workforce	50
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	50
8.1.3 Dissemination of results of the workforce assessment / gap analysis	75
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	96
8.3.1 Identification of education and training needs for workforce development	100
8.3.2 Opportunities for developing core public health competencies	100
8.3.3 Educational and training incentives	100
8.3.4 Interaction between personnel from LPHS and academic organizations	100
8.4 Public Health Leadership Development	62
8.4.1 Development of leadership skills	100
8.4.2 Collaborative leadership	50
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	50
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	81
9.1 Evaluation of Population-based Health Services	73
9.1.1 Evaluation of population-based health services	100
9.1.2 Assessment of community satisfaction with population-based health services	50
9.1.3 Identification of gaps in the provision of population-based health services	100
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Healthcare Services	79
9.2.1. Personal health services evaluation	100
9.2.2 Evaluation of personal health services against established standards	100
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	50
9.2.5 Use of personal health services evaluation	100
9.3 Evaluation of the Local Public Health System	90
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	100
9.3.3 Evaluation of partnership within the LPHS	100
9.3.4 Use of LPHS evaluation to guide community health improvements	100

Essential Public Health Service	Score
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	80
10.1 Fostering Innovation	78
10.1.1 Encouragement of new solutions to health problems	75
10.1.2 Proposal of public health issues for inclusion in research agenda	100
10.1.3 Identification and monitoring of best practices	100
10.1.4 Encouragement of community participation in research	50
10.2 Linkage with Institutions of Higher Learning and/or Research	100
10.2.1 Relationships with institutions of higher learning and/or research organizations	100
10.2.2 Partnerships to conduct research	100
10.2.3 Collaboration between the academic and practice communities	100
10.3 Capacity to Initiate or Participate in Research	63
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	100
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	25

ANALYSIS OF KEY RESULTS

All of the average scores for each of the 10 overall essential public health services ranked in the optimal category. The results of this assessment clearly show that the 10 Essential Services are being met in Stephenson County in varying degrees. Figure 2 shows that 78.9% of all activities fell within the optimal or significant categories, while only 15.5% and 5.6% were scored in the moderate and minimal ranges, respectively. While the majority of questions in these services received high marks, some specific areas should be reviewed for improvement.

The following recommendations were identified and prioritized the Local Community Health System (LCHS).

1. The LCHS has identified populations with barriers to personal health services.
 - The LCHS has identified populations with barriers, but should analyze service and transportation needs. Recommend ongoing identification of the personal health service needs of populations who encounter barriers to personal health services.
 - The LCHS needs more activities and resources for the provision of needed services to identified high-risk populations. Recommend an analysis of age-specific participation in preventive services.
 - The LCHS needs to provide a comprehensive approach to link populations to health services.
 - The LCHS needs to provide an assessment of community satisfaction with population-based health services.
2. The LCHS organizations need to conduct a more coordinated/integrated health education and/or health promotion campaign to achieve an educated and empowered population.
 - The LCHS needs to evaluate health education/promotion activities on an ongoing basis. What is the basis for the service?
 - The LCHS needs to mobilize community partnerships to identify and solve health problems. These efforts should include better communication, constituency development, and partnerships among private, public, and nonprofit institutions.
3. The LCHS needs to provide a broad-based community health improvement committee that meets and reports on a regular basis.
4. The LCHS has assured a competent public and personal healthcare workforce by developing and maintaining workforce standards, promoting life-long learning and continuing education opportunities, and encouraging public health leadership development.
5. The LCHS needs to promote community-wide use of the Community Health Profile (CHP) and data.
 - Data should be utilized by foundations and grant-seeking organizations.
 - The LCHS needs to integrate the health data to more website links.
 - The LCHS should encourage best practices with measurable outcomes.

6. The LCHS needs to align an emergency response plan with the county plan. There appear to be many individual plans, but they may not be aligned with the county's.

Other Concerns:

In Service 10, areas of greatest opportunity are in proposing to research organizations' issues for inclusion in their research agenda, encouraging community participation in the development or implementation of research, and evaluating research activities.

Summary

With an overall score of 86, the community and personal health systems in Stephenson County rank in the "optimally met" category. Further, there was a substantial improvement in 2009 as compared to values found in 2004. In 2004 the average score was 72.76, and in 2009 the score was 86, which reflects a net change improvement of 13.3.

The Community Health System Assessment for Stephenson County was completed as part of the MAPP process. Results of the assessment provide a baseline measure of our strengths and opportunities as well as how our health system activities and practices rank. It is anticipated that the areas of strength identified in the Assessment will play a role in the action plans developed to address community health goals and priorities. The identified opportunities for improvement within the health system will need to be reviewed in relation to the health priorities and actions for improvement in the system planned as needed.

A request has been made to the CDC for comparison data from other counties that have completed the Assessment.

GOALS, STRATEGIES, AND CRITICAL ISSUES

INTRODUCTION

Phase 4: Stephenson County is located along the Wisconsin/Illinois border near the northwest corner of the state. Current population is approximately 48,979, in an area of 568 square miles, or 363,530 acres, which includes about 25,000 acres of wetlands. The largest municipality is the city of Freeport, with slightly more than half of the county's population. Among the largest rural villages are Winslow, McConnell, Lena, Cedarville, Pearl City, Dakota, and Davis, together creating a sizable population. Stephenson County, while in close proximity to the metropolitan Chicago-area (120 miles) and Madison, Wisconsin (65 miles), remains a constant rural enclave surrounded by farm fields and bedroom communities.

Many aspects of life in Stephenson County affect the health and well-being of its citizens. A healthy community encompasses social and economic dimensions as well as areas traditionally defined as "health."

Based on data from the four MAPP assessments, the Stephenson County 21st Century Healthy Communities Steering Committee selected three broad health goals and three health problem areas/issues. These health goals and priorities demonstrated the existence of gaps or unmet needs in Stephenson County and formed the base for Healthy Community activities. Recognizing the importance of social and economic conditions, the Steering Committee also identified four overarching issues that exert a significant influence on the people of Stephenson County. These issues were prioritized using a modified Hanlon Method.

Analysis of the issues included discussions of why an issue is strategic, what happens by not addressing it, and a consolidation of related issues. The Hanlon Method used the following parameters:

- size of problem,
- seriousness,
- effective interventions,
- propriety,
- economic feasibility,
- acceptability to the community,
- resources, and
- legality

In the Spring of 2009, a committee met to establish goals, strategies, and intervention strategies. This was accomplished through the MAPP Phase 5 steps:

- 1) Develop goals related to the vision and strategic issues
- 2) Generate strategy options
- 3) Consider barriers to implementation
- 4) Consider implementation details
- 5) Select and adopt strategies (interventions)

The results of Phase 5 are summarized in this Goals, Strategies, and Critical Issues section. The critical health issues are further defined within the Health Plan Worksheets.

Phase 6, the Action Cycle of Planning, Implementation, and Evaluation, was also discussed and formulated over the next several months. Each of the goals contained measurable outcomes and impact objectives, along with program evaluations. The SCHED will oversee the implementation/action plan process.

Action plans, objectives, and accountability were developed and incorporated into Health Plan Worksheets.

HEALTH GOALS

- Increase the Quality and Length of Life
- Reduce Health Disparities
- Improve Healthcare Access

HEALTH PRIORITIES

1. Premature Death among African-Americans
2. Obesity
 - Diet
 - Inactivity
3. Low Birth Weight
 - Teen Pregnancy
 - Tobacco Use During Pregnancy
 - Alcohol Use During Pregnancy
 - Access to Care

OVERARCHING ISSUES

1. Poverty
2. Local Economy and Unemployment
3. Crime
4. Child Abuse/Neglect

OVERARCHING ISSUES AFFECTING THE HEALTH OF STEPHENSON COUNTY

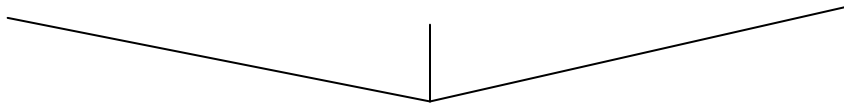
POVERTY LOCAL ECONOMY UNEMPLOYMENT CRIME CHILD ABUSE/NEGLECT

HEALTH GOALS AND PRIORITIES (TO ADDRESS GAPS AND UNMET NEEDS)

INCREASE THE QUALITY AND LENGTH OF LIFE

REDUCE HEALTH DISPARITIES

IMPROVE HEALTHCARE ACCESS



PREMATURE DEATH AMONG AFRICAN-AMERICANS

OBESITY

- Diet
- Inactivity

LOW BIRTH WEIGHT

- Teen Pregnancy
- Tobacco Use During Pregnancy
- Alcohol Use During Pregnancy
- Access to Care
- Adolescent Use of ATOD

OVERARCHING ISSUES

POVERTY

FINDINGS

Data

The 2005-07 US Census of Population and Housing defines poverty thresholds for 2008 as \$21,200 for a family of four with two children, or \$10,400 for a single individual.

- During the 1990s, poverty declined locally, following state and national trends, but has risen since 1999. Stephenson County's 1999 level of 9% dropped from 9.9% in 1989, before climbing to 13.7% in the period of 2005-07.
- County poverty rates among children are higher: 14.2% of children ages 5-17 and 37.1% of preschool children ages 0-4 are poor. 22.5% of all children fall within the poverty level.
- Female-headed families are more likely to be poor, especially female-headed families with children. 46% of all female-headed families live in poverty, and 59.9% of female-headed families with children ages 0-17 are poor. The 2005-07 estimate shows that 91% of female-headed families with preschool children ages 0-4 live at or below the poverty line.

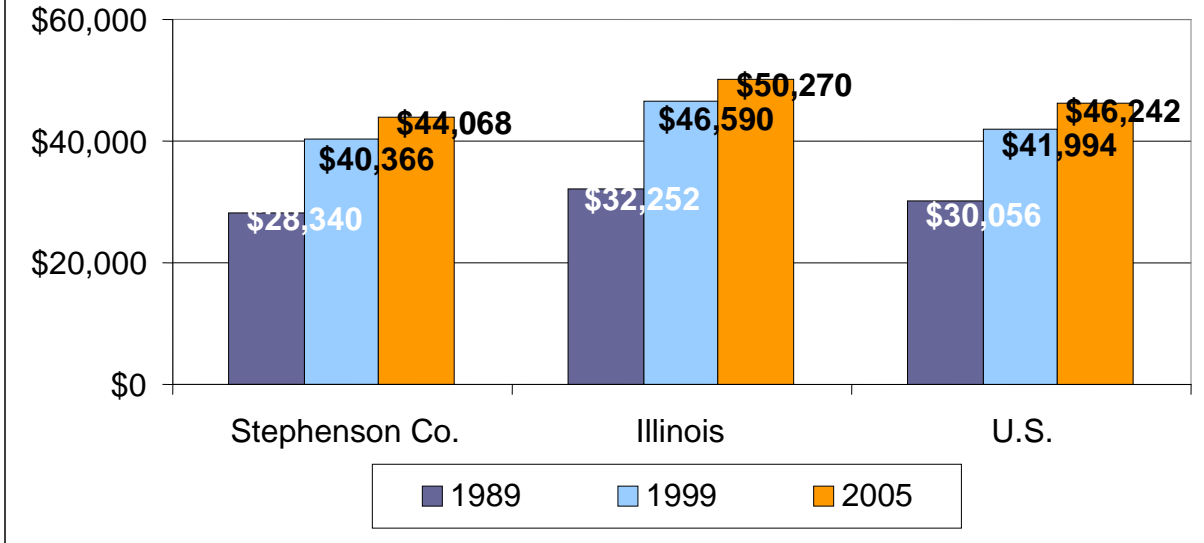
STEPHENSON COUNTY, ILLINOIS AND U.S. POVERTY FOR ALL PERSONS AND CHILDREN 0 - 17: 1989, 1999 AND 2007

Year	Stephenson County		Illinois Percent	U.S. Percent
	Number	Percent		
2007				
All Persons	6,695	14.3%	11.9%	13.0%
Children 0 – 17	2,532	22.5%	16.5%	18.0%
1999				
All Persons	4,310	9.0%	10.7%	12.4%
Children 0 – 17	1,409	11.6%	14.0%	16.1%
1989				
All Persons	4,679	9.9%	11.9%	13.1%
Children 0 – 17	1,620	13.4%	16.8%	17.9%

Source: U.S. Census Bureau decennial for 1989 and 1999, estimates for 2007

- The 2005 Stephenson County median household income (\$44,068) falls below the median for Illinois (\$50,270) and US (\$46,242). From 1999-2005, the county's median household income rose by 9.2%, exceeding the state increase (+7.9%), but lower than the US (+10.1%).

STEPHENSON COUNTY, ILLINOIS AND U.S.
 MEDIAN HOUSEHOLD INCOME: 1989, 1999 AND 2005



Source: US Bureau of Census

- Another measure of poverty is the percent of school age children enrolled in the free and reduced lunch program. The proportion of Stephenson County students who qualify for free and reduced lunch increased from 2003 through 2007, and remained stable for 2008. Four in ten (40.8%) students were eligible for free/reduced lunch in school year 2007/08, meaning they lived in households with incomes up to 185% of poverty, a substantial rise from 33.7% in 2003. However, Stephenson County student eligibility for free and reduced lunch is still significantly lower than the State of Illinois averages for the same time period.

STEPHENSON COUNTY AND ILLINOIS PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED SCHOOL LUNCHES: 2003-2008

Year	Percent of Students	
	Stephenson County	Illinois
2008	40.8%	47.1%
2007	41.1%	46.9%
2006	39.3%	45.5%
2005	38.9%	45.2%
2004	35.6%	44.5%
2003	33.7%	42.7%

Students who are eligible for free or reduced-price lunches live in households with incomes up to 185% of poverty threshold. Source: Illinois State Board of Education, Nutrition Programs, Free and Reduced Price Meal Eligibility Data

Community Survey

In 2008, respondents indicated poverty as the third most important health-related problem in the county. This contrasts with the 2003 results in which poverty was not identified as one of the top three problems, although census data at the time suggested that it was a critical issue for the community.

Connection to Health

Poverty and low income levels affect many of the most significant health problems in Stephenson County. Poverty relates directly to healthcare access. The Stephenson County Healthy Communities steering committee also identified poverty as a contributing factor for premature death of African-Americans, low birth weight, teen births, and substance abuse. Poverty is most certainly interrelated to other critical issues such as crime, child abuse/neglect, unemployment/economy, and academic underachievement.

Justification

Healthy People 2020 suggests inequalities in income and education underlie many health disparities in the United States. Income and education are intrinsically related and often serve as proxy measures for each other. In general, population groups that suffer the worst health status are also those that have the highest poverty rates and the least education. Disparities in income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood lead levels, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to attend better schools and to engage in health-promoting behaviors.

GOAL: By 2014, reduce poverty by 20%.

Strategy: The Stephenson County Poverty workgroup will focus on the six elements necessary to pave a pathway out of poverty:

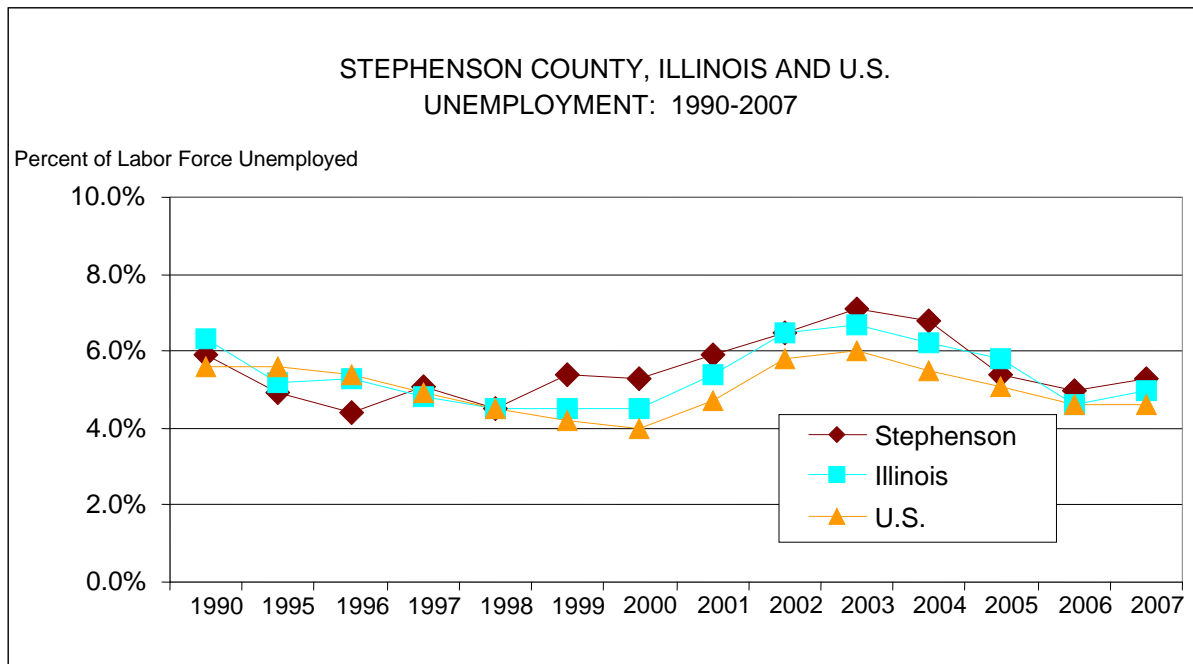
1. Education: Equal access to quality education.
2. Employment: Engage in meaningful and sustainable work.
3. Health: Affordable and quality healthcare.
4. Housing: Safe, decent, and affordable housing.
5. Nutrition: Adequate food and nutrition.
6. Basic Necessities: Dependable/affordable transportation, quality/affordable child care.

LOCAL ECONOMY AND UNEMPLOYMENT

FINDINGS

Data

- Significant changes have marked Stephenson County's employment patterns in the past 12 years (1996-2008). The largest sector, manufacturing, accounted for 4,831 employees in 2007, a 23% drop from 2000 and 41% fewer employees than in 1995. In 2007, manufacturing represented one-quarter (25.4%) of all employees in the county, compared to 39.5% in 1995.
- Since 1999, Stephenson County's unemployment has exceeded state and national levels, reversing a trend experienced in the early-to-mid 1990s when the county's level fell below unemployment levels in Illinois and the US. In 2007, Stephenson County unemployment stood at 5.3%, up from 2006 at 5.0%, but down markedly from 7.1% in 2003.



- Males are more likely to be unemployed than females. In 2006, 5.9% of the county's male labor force participants were unemployed, compared to 3.8% of females. Among race and ethnic groups, blacks (15.9%) and Hispanics (8.6%) exhibit higher unemployment than whites (4.1%).
- Unemployment among Stephenson County black workers (17%) was three times that of white workers (5.3%) in 2007.
- Stephenson County's housing stock is older and property values are lower than statewide. Half of the county's homes were built in 1954 or earlier, as compared to Illinois' median year of 1962. In Stephenson County, 38% of homes were constructed before 1940, whereas pre-1940 construction accounts for 23% of all of the state's homes. The median home value in the county in 2007 was \$78,000, almost \$108,000 less than the overall Illinois figure of \$186,500.

Community Survey

- In 2008 Stephenson County respondents ranked “Good Jobs and Healthy Economy” an important factor in defining a healthy community. However, “Good Jobs and Healthy Economy” was not seen as an asset.
- Of the 14.3% of respondents who stated that they were not working full- or part- time, 55% were retired. Almost one quarter (24.9%) of non-college-educated respondents and 33.9% of black respondents reported that they were unemployed.

Connections to Health

An analysis of the Stephenson County 21st Century Healthy Communities priority health problems showed that many of them link to economic factors. The issue of economy and unemployment/underemployment was cited as a risk or contributing factor to

1. healthcare access
2. health disparities
3. substance abuse
4. obesity
5. low birth weight
6. teen pregnancy

The impact on other significant community issues was equally strong, with relationships drawn between economy and

1. poverty,
2. crime, and
3. child abuse/neglect

Justification

Healthy People 2010 and *Healthy People 2020* indicate that disparities of income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood lead levels, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors.

Goal: Reduce unemployment in Stephenson County to a level below that of the State of Illinois.

Strategies:

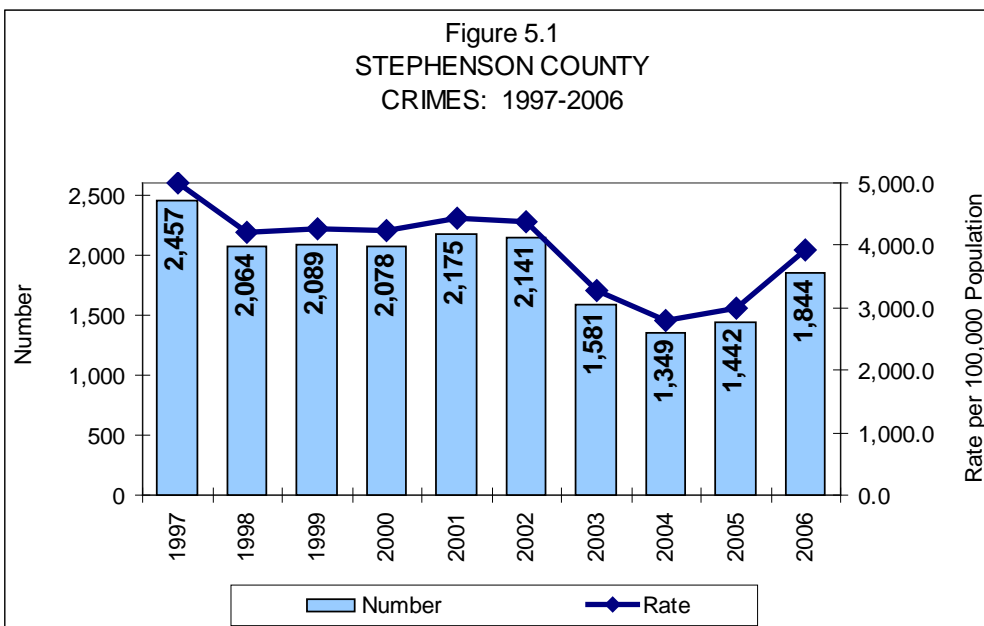
1. Increase economic development within the region.
2. Encourage and support NIDA working committees.
3. Continue the development of public transportation.
4. Continue workforce redevelopment programs such as “We Want to Work.”
5. Support Certificate of Eligibility/Work Keys initiative partnerships between educators and employers.

CRIME, CHILD ABUSE & NEGLECT

FINDINGS

Data

- Stephenson County experienced decreasing crime rates from 1997 to 2005 before increasing slightly in 2006, with another decrease in 2007. The county reported 1,884 crimes in 2006, up sharply from the three prior years, but 25% lower than a decade ago. The county's 2006 crime rate of 3,927.9 per 100,000 population topped the Illinois rate of 3,661.8 by 7% and the rural counties' rate by 49%
- In 2006 the majority (94.4%) of the county's crimes were property crimes; the rate at 3,627.6 per 100,000 population exceeded the state by 17%. Violent crimes accounted for 144 of the 1,884 total crimes in 2006, a rate of 300.2 below the state (558.1) and the rural counties' rate at 369.8.
- Of the eight crime categories, only theft in Stephenson County (3,012.6) exceeded Illinois (2,181.9), though motor vehicle theft fell far below (27.1, Stephenson; 83.7, rural counties; and 297.9, all Illinois). Aggravated assault and battery was lower in Stephenson (216.8) than Illinois (rural, 292.7; 321.1, all), while criminal sexual assault (rape) at 43.2 approximated the state rate (44.2), but was lower than the rural counties' rate (51.8). In comparing rates between Illinois as a whole and rural counties only, rape is the single category in which rural counties surpass the state.
- In 2006, 345 drug offense arrests were made in Stephenson County, a rate of 719.3 per 100,000 population, 18% lower than the state at 880.4. Drug-related arrests fell to a ten-year low in 2003 (525.4), less than half the 1998 level (1,193.2). In 2006, similar to earlier years, the bulk of arrests are divided among violations of cannabis, controlled substances, and drug paraphernalia.



Source: Illinois State Police, Illinois Uniform Crime reporting program

- While Stephenson County property crime rates have increased slightly over the past ten years, violent crime rates witnessed an overall decrease.
- In 2007, 92% of all crimes were those against property, and nearly three of every four total crimes in the county were theft (74%).
- Stephenson County’s rates of child abuse and neglect not only exceeded state rates, but reached a nine-year high in 2007. Stephenson County had a rate of 53.8 reported cases per 1,000 children under the age of 18, as compared to 30.1 for Illinois. Indicated cases, in which credible evidence has been found to support the abuse/neglect claim, stood at 14.9 Stephenson County cases per 1,000 children under 18, higher than the state rate of 8.1.

**STEPHENSON COUNTY AND ILLINOIS
CHILD ABUSE/NEGLECT REPORTED AND INDICATED CASES: 1999 - 2007**

Fiscal Year	Reported			Indicated ¹		
	Stephenson County		Illinois Rate ²	Stephenson County		Illinois Rate ²
	Number of Children < 18 (Unduplicated)	Rate ²		Number of Children < 18 (Unduplicated)	Rate ²	
2007	660	53.8	30.1	183	14.9	8.1
2006	632	51.5	29.8	172	14.0	7.6
2005	561	45.7	30.0	148	12.1	7.9
2004	522	42.5	28.2	125	10.2	7.9
2003	411	33.5	26.4	113	9.2	7.9
2002	432	34.2	26.7	101	8.0	7.9
2001	449	35.5	26.9	114	9.0	8.2
2000	422	33.4	27.6	154	12.2	9.2
1999	436	34.5	28.1	140	11.1	9.5

¹Indicated means that sufficient credible evidence has been found to support an abuse/neglect claim.

²Rate per 1,000 population <18.

Source: Illinois Department of Children & Family Services

- Stephenson County recorded 17 reports of elder abuse during 2007. The number of elder abuse reports, including both substantiated and unsubstantiated cases, decreased from 40 in 2006. Accounting for about 60% of reports in both years, the leading type of elder abuse involved financial exploitation.

Community Survey

- 14% of Stephenson County respondents indicated child and adult abuse as a health problem in the county.
- Only 13.6% of the respondents listed low crime/safe neighborhoods as an asset or strength in the county.

Justification

Healthy People 2010 and *Healthy People 2020* recognize that communities, states, and national organizations will need to take a multidisciplinary approach to achieving health equity—an approach that involves improving health, education, **housing, labor**, justice, transportation, agriculture, and the environment, as well as data collection itself. One major determinant of a healthy community is the level of perception of being safe and the actual levels of crime and child abuse/neglect.

Goal

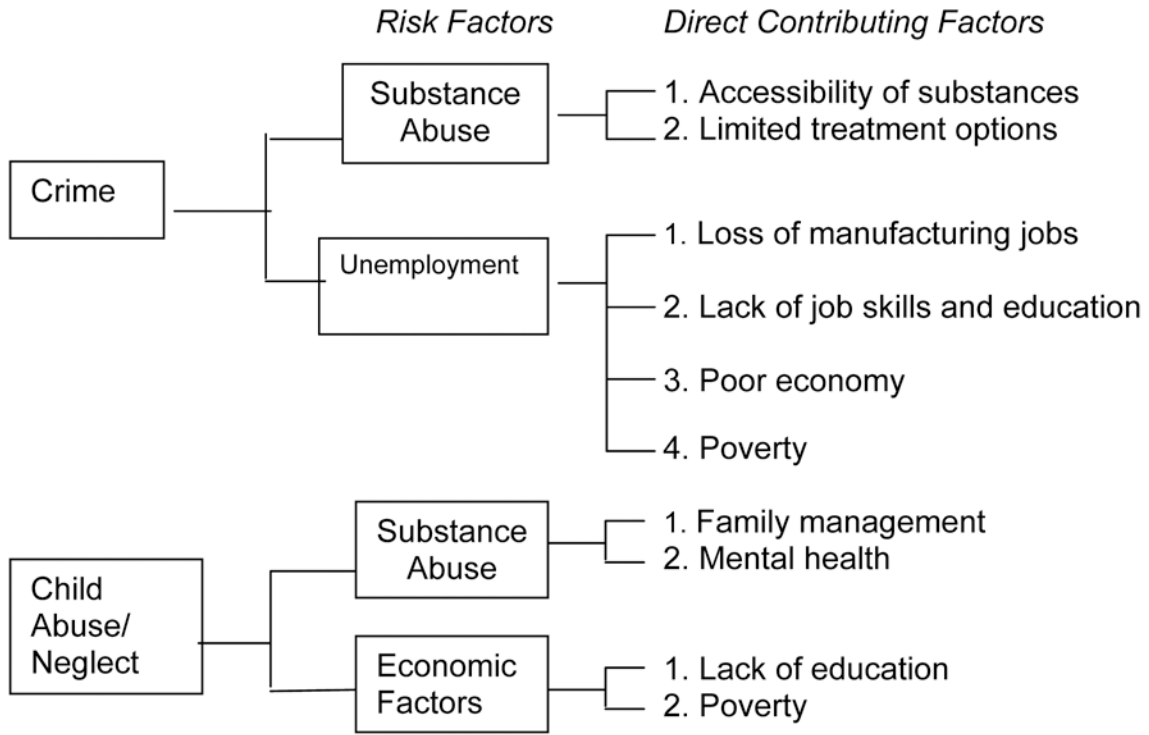
Improve the quality of life of Stephenson County residents by decreasing the level of property crime and the number of founded cases of child abuse/neglect.

Strategies

1. Encourage and support the activities of the Community Youth and Development Council to improve family management and parenting.
2. Implement and support after-school programs.
3. Continue to enhance and implement the ten focus areas developed by the Vision 20/20 committee.
4. Implement substance abuse education programs such as Strategic Prevention Format (SPF).

CONNECTIONS TO HEALTH

CONNECTIONS TO HEALTH



HEALTH GOALS

Three broad goals define the vision for Stephenson County 21st Century Healthy Communities for the next five years (2009-2014). As statements of direction and guidance for the next five years, these goals stand alone as well as relate to each of the three health priorities. Stephenson County 21st Century Healthy Communities used Healthy People 2010 as its template for the adoption of the three goals. These goals are presented on the following pages, accompanied by the data used to identify each as a health issue and the indicators and baseline data that will be used to monitor progress.

Health Goal 1 Increase the Quality and Length of Life

Health Goal 2 Reduce Health Disparities

Health Goal 3 Improve Healthcare Access

Health Goal 1 • Increase the Quality and Length of Life

FINDINGS

Over half of Stephenson County adults (55.6%) claim to have very good or excellent health, which is higher than the State and shows an increase since 2004. In addition, “poor physical health between 8 and 30 days” has decreased since the 2004 survey and now shows values less than the State. Further, Stephenson County adults report that the days their mental health is not good is less than the State rate; however, poor physical health limits more activities in the County than in the State.

STEPHENSON COUNTY AND ILLINOIS PERCEPTION OF HEALTH STATUS: 2007, 2004, 2001, AND 1997

Rating of General Health	Percent of Population 18+					
	Stephenson County				Illinois 2006	
	2007	2004	2001	1997	Rural	All
Excellent/very good	55.6%	49.2%	50.6%	53.9%	51.8%	51.2%
Good/fair	40.7%	47.3%	47.6%	44.2%	43.3%	45.1%
Poor	3.6%	3.5%	1.8%	1.9%	4.9%	3.7%
Days Mental Health Not Good Within Past Month						
1 - 7 Days	20.0%	19.7%	17.8%	27.3%	23.5%	25.9%
8 - 30 Days	10.8%	10.8%	10.6%	12.3%	9.1%	11.5%
Days Physical Health Not Good Within Past Month						
1 - 7 Days	26.6%	24.8%	21.1%	16.9%	24.9%	24.9%
8 - 30 Days	9.6%	13.5%	13.3%	12.7%	14.0%	12.4%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey

STEPHENSON COUNTY AND ILLINOIS QUALITY OF LIFE: 2007

Condition	Percent of Population 18+		
	Stephenson County	Illinois 2006	
		Rural	All
Activities limited by impairment	15.8%	18.8%	17.1%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey

Indicators and Baseline Data

1. Percent of Stephenson County Adults reporting excellent or very good health
55.6% 2007 (IL 51.2%) 51% 2001 54% 1996

2. Percent of Stephenson County Adults reporting poor physical health of eight or more days in past month
9% 2007 (IL 12.4) 13% 2001 13% 1996

3. Percent of Stephenson County Adults reporting limitation of activity due to health for more than a week in the past month.
15.8% 2007 (IL 17.1%) 14% 2001 11% 1996

4. 95.2% of respondents rated their personal health as “somewhat healthy” (23.4%), “healthy” (54.5%), and “very healthy” (17.5%).

5. Percent of Stephenson County adults reported to be overweight or obese
65.4% 2007 (IL 60.9)

6. Percent of low birth weight
11.4% (2006) (IL 8.6; US 8.2)

Health Goal 2 • Reduce Health Disparities

FINDINGS

Disparities by race exist for many health indicators. While these may reflect income and educational differences, factors such as culture, genetics, environment, and lifestyle likely play a role. The leading causes of death among Stephenson County blacks for 2001 to 2005 were cancer (26%), heart disease (24%), and perinatal conditions (7%), versus heart disease (27.7%), cancer (21.7%), and stroke (7.1%) for whites.

Some health disparities exist in Stephenson County:

- In 2005 Stephenson County blacks exhibited a much higher age-adjusted death rate at 1,193.4 per 100,000 population, compared to 826.0 for whites. The same racial disparity also existed state- and nation-wide.
- Half (50%) of all African-American deaths occur before the age of 65. This “premature mortality” takes place far less commonly among whites with only one in six (18%) deaths under age 65.
- Death due to cancer of all types appears to be higher among Stephenson County blacks, although small numbers made analysis unreliable. Cancer death claims more lives among African-Americans than any other cause, unlike whites, who die most often from heart disease.
- A much higher percentage of infants are born to black teen mothers. In 2005, 24.6% of the county’s births were delivered by black teenagers, as compared to 11.4% for white teenagers.
- Births are more likely to be to unmarried black mothers (85.5%, 2005) than to unmarried white mothers (37.3%), and more black mothers have low birth weight babies (21.7% black; 6.8% white).
- The Community Survey showed that a substantial number of black respondents (9%) and respondents who pay healthcare costs with cash or Medicaid (6.8%) rated their own personal health as “unhealthy” or “very unhealthy” versus 4.8% overall.

While disparities by ethnicity (Hispanic, non-Hispanic) also exist, small numbers make their analysis unreliable.

Indicators and Baseline Data

1. Percent of deaths before age 65:
53% African-Americans; 18% whites (2001-2005)
2. Percent of births to teens:
24.5% African-Americans; 11.4% whites (2005)
3. Percent of male deaths before age 65:
73% African-Americans; 31% whites (2001-2005)

Health Goal 3 • Improve Healthcare Access

FINDINGS

- Most Stephenson County adults (92.1%) reported having a health plan in 2007, the highest level in a decade, and substantially better than the state (84.9%) and rural counties (87.5%). Similarly, more adults had a regular healthcare provider in 2007 (85.6%), than in previous years (82.1%, 2004; 79.5%, 2001). Only 6.5% of Stephenson County adults ages 18+ avoided the doctor due to cost in 2007, dropping from 8.8% in 2004.
- The Community Survey indicated a majority (86%) of respondents who needed healthcare were able to obtain it.
- One half (50%) of black respondents, 24.2% of respondents with no college education, and 22% of respondents under 40 years of age paid for healthcare through Medicaid or with cash. Over 80% of white respondents financed healthcare through insurance, compared to only 26.8% of black respondents.

In the analysis of the local health system, National Public Health Performance model standards related to access were only partially met and needed improvement:

- Identifying personal health services of the population, especially for those who encounter barriers.
- Assuring linkages of people to personal health services, particularly age-specific analysis of participation in prevention services.
- Conducting a more coordinated/integrated health education and/or health promotion campaign to achieve an educated and empowered population.
- Providing a broad-based community health improvement committee that meets and reports on a regular basis.

Indicators and Baseline Data

1. Percent of Stephenson County adults with a usual healthcare provider
85.6% (2007) 82.1% (2004) 80% (2001)
2. Immunization rate at age two
90.2% (2006) 94% (2004) 78% (2001)

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

Priority One: Premature Death among African-Americans

FINDINGS

Data

- The 2006 median age for Stephenson County females was 42.0 years, a little more than three years older than males (38.8). Blacks (27.0 years) and Hispanics (25.0) were much younger than whites (42.1).
- While most (87.3%) county residents are white, non-Hispanic, Stephenson County is home to a substantial minority population comprised of **blacks (7.8%)**, Asians (0.9%) and persons of two or more races (1.7%). Hispanics made up 2.1% of the county's 2006 population.

STEPHENSON COUNTY

PERSONS BY RACE (NON-HISPANIC) AND HISPANIC: 2000 AND 2006

Race	2006		2000 ¹		2000-2006 Change	
	Number	Percent	Number	Percent	Number ²	Percent
Total	47,388	100.0%	48,979	100.0%	-1,591	-2.9%
White, Non-Hispanic	41,378	87.3%	43,492	88.8%	-2,114	-4.9%
Black, Non-Hispanic	3,713	7.8%	3,748	7.7%	-35	-0.9%
American Indian, Non-Hispanic	69	0.1%	64	0.1%	+5	+7.8%
Asian, Non-Hispanic	417	0.9%	333	0.7%	+84	+25.2%
Native Hawaiian/Other Pacific Islander, Non-Hispanic	14	0.0%	14	0.0%	0	0.0%
Multiple Races, Non-Hispanic	794	1.7%	581	1.2%	+213	+36.7%
Hispanic	1,003	2.1%	747	1.5%	+256	+34.3%

¹Because "other" is assigned to a specific race for Census intercensal year estimates, the 2000 "other" figure is also assigned to specific races so these figures by race will not match those in official 2000 Census figures.

²Numbers do not add up to total change because of "other" used in 2000 Census.

Source: U.S. Census Bureau population estimates

- The leading causes of death among blacks for 2001 to 2005 were cancer (26%), heart disease (24%), and perinatal conditions (7%).
- Despite a lower crude death rate than whites, Stephenson County blacks exhibited a much higher 2005 age-adjusted death rate at 1,193.4 per 100,000 population, compared to 826.0 for whites. The same racial disparity also existed state- and nation-wide.
- For both heart disease and cancer, age-adjusted death rates were higher among the county's blacks than whites.
- Blacks were much more likely to die before their 65th birthdays than whites, with more than half (52.6%) of Stephenson County blacks dying before age 65, as compared to 18.5% of whites.

**STEPHENSON COUNTY, ILLINOIS AND US
CRUDE AND AGE-ADJUSTED DEATH RATES¹ BY RACE: 2005**

Area	Total		White		Black	
	Crude Rate	Age-Adjusted Rate	Crude Rate	Age-Adjusted Rate	Crude Rate	Age-Adjusted Rate
Stephenson County	1,200.8	845.2	1,258.1	826.0	787.0	1,193.4
Illinois	814.5	804.3	849.6	776.1	813.4	1,073.2
U.S.	825.9	798.8	873.7	785.3	749.4	1,016.6

¹Death rates per 100,000 population.

Source: Centers for Disease Control, National Center for Health Statistics

STEPHENSON COUNTY, ILLINOIS AND US AGE-ADJUSTED DEATH RATES¹ FOR TWO LEADING CAUSES OF DEATH BY RACE: 2003 – 2005

Cause	Stephenson County		Illinois		US	
	White	Black	White	Black	White	Black
Heart Disease	206.3	216.0	215.2	308.0	216.3	283.8
Cancer	186.8	238.5	188.9	252.5	185.1	227.7

¹Death rates per 100,000 population.

Source: Centers for Disease Control, National Center for Health Statistics

STEPHENSON COUNTY DEATHS BEFORE AGE 65 BY RACE: 2003 – 2005

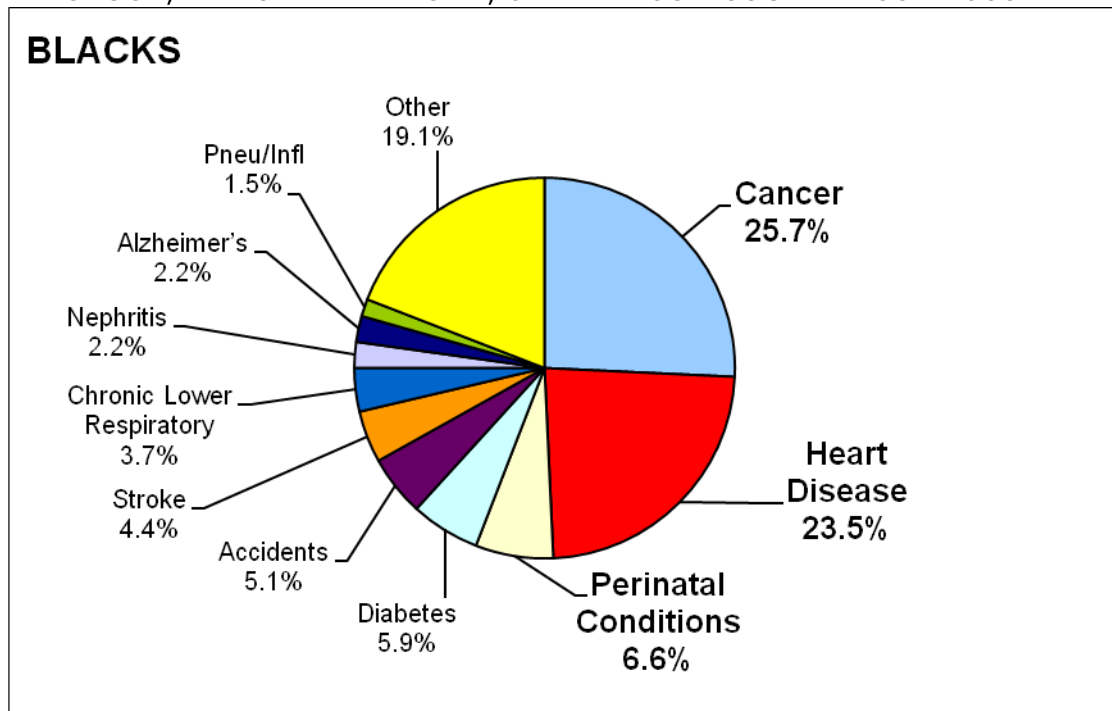
Race/Ethnicity	Total Deaths	Deaths < 65	Percent Of Deaths < 65
All	1,594	321	20.1%
White	1,515	280	18.5%
Black	78	41	52.6%

Source: Illinois Department of Public Health

Race/Ethnicity	Number Deaths 2001-2005		
	Total Deaths	Deaths < 65	Percent Of Deaths < 65
Black	78	41	53 %
White	1515	280	18%
MEN ONLY			
Black	37	27	73%
White	710	219	31%

Source: Illinois Department of Public Health

DEATH BY CAUSE, AFRICAN-AMERICAN, STEPHENSON COUNTY 2001-2005



Source: Illinois Department of Public Health

Community Survey

A substantial number of black respondents (9%) and respondents who pay healthcare costs with cash or Medicaid (6.8%) rated their own personal health as unhealthy or very unhealthy.

One half (50%) of black respondents, 24.2% of respondents with no college education, and 22% of respondents under 40 years of age paid for healthcare through Medicaid or with cash. Over 80% of white respondents financed healthcare through insurance, compared to only 26.8% of black respondents.

Connection

Premature death of African-Americans is a health problem that links to several over-arching and identified health issues. Conditions leading to cancer and heart disease, along with lack of preventative care, lead to a decrease in the quality of life. Such health conditions may affect the ability to be employed and ultimately can lead to poverty. Poverty may be a direct cause of the lack of preventative care.

Justification

Disparities in income and education levels are associated with differences in the occurrence of illness and death, including heart disease, diabetes, obesity, elevated blood lead level, and low birth weight. Higher incomes permit increased access to medical care, enable people to afford better housing and live in safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors. However, the greatest opportunities for reducing health disparities are in empowering individuals to make informed healthcare decisions and in promoting community-wide safety, education, and access to healthcare.

Current information about the biologic and genetic characteristics of African-Americans, Hispanics, American Indians, Alaska Natives, Asians, Native Hawaiians, and Pacific Islanders does not explain the health disparities experienced by these groups, compared with the white, non-Hispanic population in the United States. These disparities are believed to be the result of the complex interaction among genetic variations, environmental factors, and specific health behaviors.

Healthy People 2010 and *Healthy People 2020* indicate heart disease death rates are more than 40% higher for African-Americans than for whites. The death rate for all cancers is 30% higher for African-Americans than for whites; for prostate cancer, it is more than double that for whites. African-American women have a higher death rate from breast cancer, despite having a mammography screening rate that is nearly the same as the rate for white women. Prevention efforts, coupled with effective disease management, can reduce the incidence of heart attacks and strokes and reduce the number of deaths from these diseases.

High blood pressure is known as the “silent killer,” and remains a major risk factor for heart disease. About 50 million adults in the US have high blood pressure. High blood pressure also is more common in older persons. Heart disease and stroke share several risk factors, including high blood pressure, cigarette smoking, high blood cholesterol, and overweight. Physical inactivity and diabetes are additional risk factors for heart disease.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

Priority Two • Obesity

FINDINGS

Data

- In 2007, almost two-thirds (64.9%) of Stephenson County adults were obese or overweight.

STEPHENSON COUNTY AND ILLINOIS SELF-REPORTED WEIGHT STATUS: 2007

Weight Status	Percent of Population 18+	
	Stephenson County	Illinois
Normal/underweight	34.5%	39.0%
Overweight	40.5%	36.0%
Obese	24.9%	24.7%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

- Six in ten Stephenson County adults did not achieve the “moderate activity standard” of five times for 30 minutes per week. Five in ten did not meet the recommended level of physical activity or are inactive.

STEPHENSON COUNTY SELF-REPORTED FREQUENCY OF PHYSICAL ACTIVITY: 2007

Level of Physical Activity	Percent of Population 18 +/- Stephenson County	Percent of Population 18 +/-Illinois
Meets Moderate Standard of 5 Times per Week at 30 Minutes		
Yes	35.9%	21.5%
No	64.1%	78.5%
Recommended Level of Physical Activity		
Meets or Exceeds	49.6%	32.1%
Does Not Meet	39.7%	57.0%
Inactive	10.6%	10.8%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

- Stephenson County adults report higher levels of diabetes and high blood pressure, two conditions associated with poor diet and lack of exercise, than statewide.

STEPHENSON COUNTY AND ILLINOIS SELF REPORTED PREVALENCE OF SELECTED CONDITIONS: 2007

	Percent of Population 18+	
	Stephenson County	Illinois
High blood pressure	36.1%	27.9 %

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

SELF-REPORTED NUTRITION STATUS

Fruit/Vegetable Servings	Stephenson County	Illinois
0-2 per day	51.3%	42.8%
3-4 per day	33.3%	33.2%
5+ per day	15.4%	24.0%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

BMI STEPHENSON COUNTY – 9TH GRADERS

85th-93rd percentile	19%
94th-100th percentile	15%
Total	34%

Source: BMI records, County School Districts, 2008

Community Survey

Being overweight was named as the second most important problem in the community.

Connections

Obesity ties to Stephenson County 21st Century Healthy Community overarching issues, namely, poverty and unemployment, along with the priority health issues of premature death and several risk factors for low birth weight.

Justification

Healthy People 2010 and *Healthy People 2020* indicate overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995.

Healthy People 2010 and *Healthy People 2020* further indicate obesity is a result of a complex variety of social, behavioral, cultural, environmental, physiological, and genetic factors. Efforts to maintain a healthy weight should start early in childhood and continue throughout adulthood, as this is likely to be more successful than efforts to lose substantial amounts of weight and maintain weight loss once obesity is established.

A healthy diet and regular physical activity are both important for maintaining a healthy weight. Over time, even a small decrease in calories eaten and a small increase in physical activity can help prevent weight gain or facilitate weight loss. It is recommended that obese individuals who are trying to lose substantial amounts of weight seek the guidance of a healthcare provider.

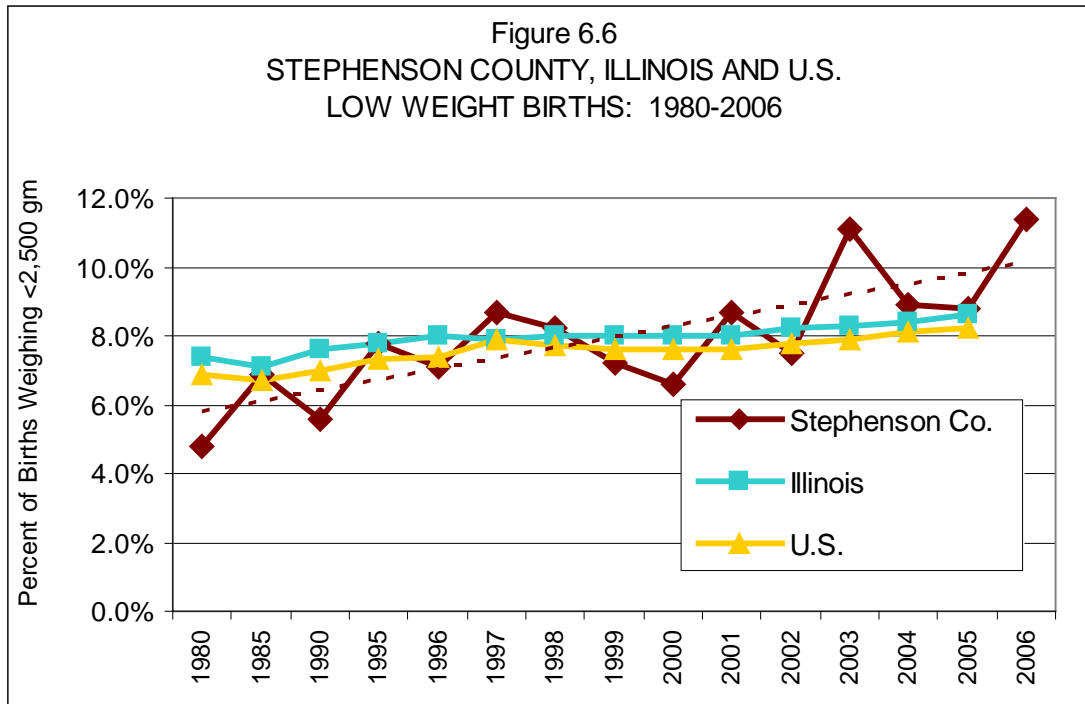
See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

Priority Three: Low Birth Weight – Teen Pregnancy

FINDINGS

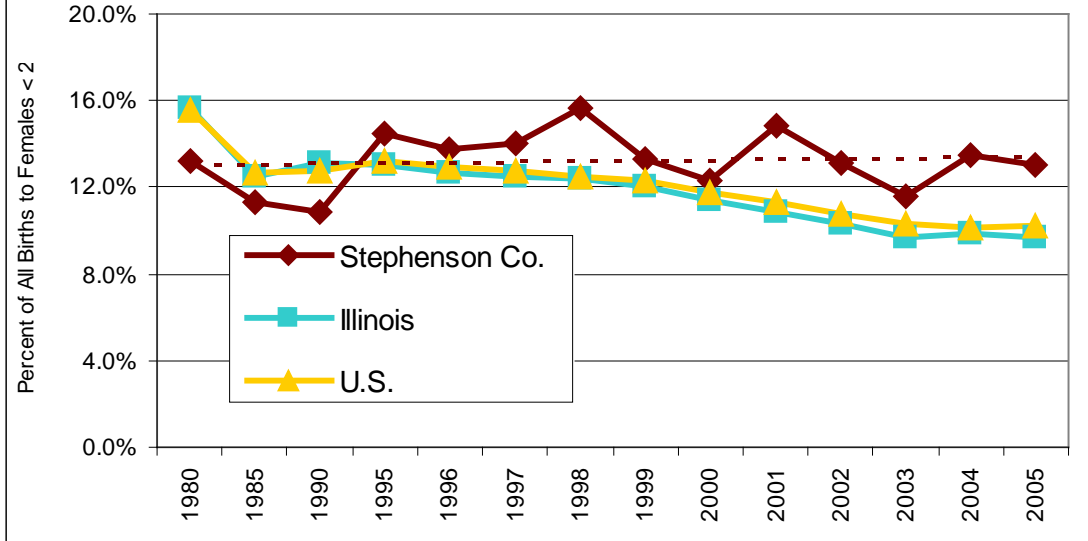
Data

- One in nine (11.4%) Stephenson County babies weighed less than 2,500 grams at births in 2006, marking a 25-year peak. The proportion of low weight births has inched upward since 1980, similar to state and national trends.



- Related to low weight birth, another key natality measure is preterm births (born before 37 completed weeks gestation), which accounted for 10.9% of the county's 2005 births. Since 2001, preterm births have reached double-digit proportions, unlike most years of the previous decade.
- In 2006, 73 Stephenson County babies were born to mothers under the age of 20, 14.3% of all births, a five-year high. Since the mid 1990s, the county's teen birth proportion has consistently exceeded the state and nation, with the highest occurring in 2001. Once state and national proportions for 2006 are released, the 2006 gap will likely top the 2001 difference.

Figure 6.4
STEPHENSON COUNTY, ILLINOIS AND U.S.
TEEN BIRTHS: 1980-2005



Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

- Almost half of all Stephenson County 2006 babies (48%) were born to unmarried mothers, the highest level yet recorded and almost four times the 1980 proportion of 12.4%. The increasing number of babies born to unmarried mothers in the county reflects a trend occurring statewide and nationally, where current levels stand at a little more than one-third of births to unmarried women. Virtually all Stephenson County teen births are born to unmarried women.
- In 2005, there was a greater proportion of black teenage mothers (24.6%) than white teenage mothers (11.4%).

BIRTHS TO WOMEN AGES 19 AND YOUNGER

Year	Stephenson County Number	Stephenson County Percent	Illinois Percent	U.S. Percent
2006	73	14.3%	NA	NA
2005	67	13.0%	9.7%	10.2%
2004	76	13.5%	9.9%	10.1%
2003	67	11.6%	9.7%	10.3%
2002	77	13.1%	10.3%	10.8%
2001	85	14.8%	10.9%	11.3%
2000	73	12.3%	11.4%	11.8%
1999	81	13.3%	12.0%	12.3%
1998	100	15.7%	12.4%	12.5%
1997	85	14.0%	12.5%	12.8%
1996	86	13.8%	12.7%	12.9%
1995	87	14.5%	13.0%	13.2%
1994	91	13.9%	13.0%	13.1%
1993	82	13.3%	12.8%	12.8%
1992	68	10.2%	12.9%	12.7%
1991	66	9.6%	13.0%	12.8%
1990	74	10.9%	13.1%	12.8%
1985	80	11.3%	12.5%	12.7%
1980	100	13.2%	15.7%	15.6%

Source: 2006 data from Stephenson County Health Department, IDPH, National Center for Health Statistics.

Community Survey

Stephenson County respondents ranked **teen pregnancy** as the second top health problem in the community. This was the same ranking in the 2003 survey. Both males and females placed **teen pregnancy** second, as did black respondents, income earners of less than \$50,000 per year, and those with less than a college education.

Connections

Teen pregnancy has a direct impact on the overarching issues of poverty, crime, and local economy in terms of future employability, along with academic achievement. In relation to health issues, teen pregnancy links to substance abuse, low birth weight, and infant death, along with mental health issues.

Justification

Healthy People 2010 and *Healthy People 2020* indicate prevention of teen births has important consequences for both the teen mother and her infant. Teenage mothers are much less likely than older women to receive timely prenatal care, are more likely to smoke and less likely to gain the recommended weight during their pregnancy, and more likely to have a low birth weight infant, as shown in the annual reports from NCHS' National Vital Statistics System.

Adolescents should be encouraged to delay sexual intercourse until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences. They should receive education about intimacy; setting limits; resistance to social, media, peer, and partner pressure; the benefits of abstinence from intercourse; and prevention of pregnancy and STDs.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

LOW BIRTH WEIGHT – SUBSTANCE ABUSE - TOBACCO

FINDINGS

In much of the medical literature and *Healthy People 2010*, there is a direct link between smoking and many diseases. Tobacco use during pregnancy can be a direct cause of low birth weight and other infant complications.

Data

In 2007, the proportion of Stephenson County adults who currently smoked was 16.8%, lower than Illinois (20.5%), and quite a bit lower than rural Illinois (22.9%).

STEPHENSON COUNTY AND ILLINOIS SELF-REPORTED USE OF TOBACCO: 2007

Smoking Status	Percent of Population 18+ Stephenson County	Percent of Population 18+ Illinois
Current Smoker	16.8%	20.5%
Former Smoker	23.6%	23.7%
Non-Smoker	59.6%	55.8%
Started smoking < 18 years old	44.4%	NA

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

Results from the Communities That Care Survey administered to all 6th, 8th, 10th and 12th graders in the Freeport School District indicate that the use of alcohol, cigarettes, and marijuana dropped from 2006 to 2008 for all grade levels. For alcohol use, the recent drop reverses an upward trend experienced among 6th, 8th and 12th graders. Cigarette use continued a six-year downward trend, with Freeport students exhibiting lower levels than the State in 2006.

FREEPORT, STEPHENSON COUNTY AND ILLINOIS YOUTH SUBSTANCE USE BY GRADE LEVEL: 2002, 2004, 2006 AND 2008

Substance/ Grade Level	Percent Reporting Use During Past Month								
	Freeport ¹				Stephenson County ¹			Illinois	
	2008 ²	2006	2004	2002	2006	2004	2002	Rural 2006	All 2006
Cigarettes									
6th	2.1%	3.7%	2.3%	4.2%	0.0%	2.0%	---	5.4%	4.4%
8th	7.1%	9.0%	14.5%	14.0%	2.0%	9.0%	13.5%	11.9%	9.3%
10th	11.1%	11.9%	25.4%	26.3%	17.0%	12.0%	24.7%	23.1%	16.0%
12th	11.8%	19.3%	27.5%	34.3%	12.0%	19.0%	34.8%	32.5%	24.2%

¹Freeport includes students in Freeport School District 145. Stephenson County does not include FSD students but represents two or more other school districts (public and private) in the county. Source: Freeport data from Communities That Care Youth Survey, Social Development Research Group, University of Washington. 2008 data are provisional. Stephenson County and Illinois data from Illinois Department of Human Services, Illinois Youth Survey

Compared to statewide, Stephenson County women were more than twice as likely to smoke during pregnancy. In 2005, one in five (19.6%) births was delivered by women who had used tobacco while pregnant, compared to 8.6% in Illinois.

**STEPHENSON COUNTY AND ILLINOIS
MOTHERS WHO USED TOBACCO DURING PREGNANCY: 1990 – 2005**

Year	Stephenson County Number	Stephenson County Percent	Illinois Percent
2005	101	19.6%	8.6%
2004	124	22.0%	10.2%
2003	81	14.1%	9.6%
2002	122	20.7%	10.0%
2001	108	18.8%	10.5%
2000	133	22.4%	10.9%
1999	138	22.6%	11.5%
1998	143	22.5%	12.0%
1997	130	21.4%	12.3%
1996	127	20.4%	12.7%
1995	125	20.8%	13.1%
1994	141	21.5%	13.6%
1993	141	22.9%	14.5%
1992	159	23.9%	15.5%
1991	167	24.3%	15.8%

Community Survey

As in the 2003 survey, Stephenson County respondents ranked **alcohol and other drug use** as the number one health problem in the community in 2008. This first place ranking was consistent for every gender, race, income and educational level group. In this case, both alcohol and other drug use, such as tobacco, were identified as significant.

Connections

Tobacco use links to numerous overarching issues and health priorities. Those identified by Stephenson County 21st Century Healthy Communities are the effects of substance abuse (tobacco use) on low birth weight, premature death among African-Americans, and when associated with obesity, the risk for such diseases as cancer and those of the heart are much greater.

Justification

Substance abuse and its related problems are among society's most pervasive health and social concerns. In 1995, the economic cost of alcohol and drug abuse in the US was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the US to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse (*Healthy People 2010*). Smoking accounts for 20 to 30% of all LBW births in the United States. The effect of smoking on LBW rates appears to be attributable to intrauterine growth

retardation, rather than to preterm delivery. Very low birth weight (VLBW) is primarily associated with preterm birth, which may be associated with the use of illicit drugs during pregnancy.

In addition to LBW, smoking during pregnancy is linked to pre-term delivery, SIDS, and respiratory problems in newborns. In addition to the human cost of these conditions, the economic cost of services to substance-exposed infants is great (*Healthy People 2010*).

Although the trend from 1994 to 1998 has shown some fluctuations, about 77% of adolescents aged 12 to 17 years report being both alcohol-free and drug-free in the past month. Cigarette smoking is the single most preventable cause of disease and death in the US. Smoking results in more deaths each year in the US than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined.

Much of the medical literature has suggested early intervention with best practice programs is the most effective solution to reduce tobacco use among youth. Reducing smoking during pregnancy is a key to reducing the number of infants who are at risk for low birth weight.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

LOW BIRTH WEIGHT - SUBSTANCE ABUSE - ALCOHOL

FINDINGS

In much of the medical literature and Healthy People 2010, there is a direct link between alcohol consumption and many diseases. Alcohol use during pregnancy can be a direct cause of low birth weight and other infant complications.

Data

In 2007, one in five (20.3%) Stephenson County adults 18 years and older reported binge drinking in the last 30 days, 4.6% higher than the entire State of Illinois.

STEPHENSON COUNTY AND ILLINOIS SELF REPORTED BINGE DRINKING: 2007

At-risk for Acute/Binge Drinking	Percent of Population 18+ Stephenson County	Percent of Population 18+ Illinois
At Risk	20.3%	19.4%

Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance Survey 2007

Results from the Communities That Care survey administered to all 6th, 8th, 10th and 12th graders in the Freeport School District indicate that use of alcohol, cigarettes, and marijuana dropped from 2006 to 2008 for all grade levels. For alcohol use, the recent drop reverses an upward trend experienced among 6th, 8th and 12th graders. For the county excluding Freeport, 52% of 10th graders consumed alcohol within the last 30 days, which is nearly 18% higher than the State (42%).

FREEPORT, STEPHENSON COUNTY AND ILLINOIS YOUTH ALCOHOL USE BY GRADE LEVEL: 2002, 2004, 2006 AND 2008

Substance/ Grade Level	Percent Reporting Alcohol Use During Past Month								
	Freeport ¹				Stephenson County ¹			Illinois	
	2008 ²	2006	2004	2002	2006	2004	2002	Rural	All
Alcohol									
6 th	9.2%	14.3%	12.3%	7.1%	11.0%	3.0%	---	13.5%	26.1%
8 th	19.7%	26.1%	29.1%	22.9%	20.0%	12.0%	22.7%	28.6%	29.0%
10 th	31.0%	35.9%	46.6%	37.1%	52.0%	25.0%	39.8%	46.5%	42.6%
12 th	36.9%	56.3%	52.1%	50.8%	51.0%	40.0%	52.2%	52.2%	52.8%

¹Freeport includes students in Freeport School District 145. Stephenson County does not include FSD students but represents two or more other school districts (public and private) in the county. Source: Freeport data from Communities That Care Youth Survey, Social Development Research Group, University of Washington. 2008 data are provisional. Stephenson County and Illinois data from Illinois Department of Human Services, Illinois Youth Survey

- Compared to statewide, Stephenson County women who consume alcohol during pregnancy have varied over a 15-year period. In 2004, the county experienced a 28% increase over that of the

State. Although the percent appears to be very low, several individuals indicated this may just be under-reported due to the process.

**STEPHENSON COUNTY AND ILLINOIS
MOTHERS WHO USE ALCOHOL DURING PREGNANCY: 1990 – 2005**

Year	Stephenson County Number	Stephenson County Percent	Illinois Percent
2005	2	0.4%	0.3%
2004	12	2.1%	1.5%
2003	4	0.7%	0.4%
2002	0	0.0%	0.4%
2001	2	0.3%	0.4%
2000	1	0.2%	0.5%
1999	7	1.1%	0.8%
1998	7	1.1%	0.8%
1997	6	1.0%	0.9%
1996	4	0.6%	1.1%
1995	3	0.5%	1.3%
1994	0	0.0%	1.5%
1993	9	1.5%	1.5%
1991	6	0.9%	1.6%
1990	8	1.2%	1.9%

Source: Illinois Department of Public Health

Community Survey

As in the 2003 survey, Stephenson County respondents ranked **alcohol and other drug use** as the number one health problem in the community in 2008. This first place ranking was consistent for every gender, race, income, and educational level group. In this case, both alcohol and other drug use were identified as significant.

Connections

Alcohol use links to numerous overarching issues and health priorities. Those identified by Stephenson County 21st Century Healthy Communities are the effects of substance abuse (alcohol use) on low birth weight, premature death among African-Americans, and when associated with obesity, the risk for diseases such as cancer and those of the heart are much greater. Alcohol abuse is also a factor in the inability to work that directly relates to unemployment, child abuse/neglect, and ultimately, poverty.

Justification

Substance abuse and its related problems are among society’s most pervasive health and social concerns. In 1995, the economic cost of alcohol and drug abuse in the US was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the US to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and

drug abuse (*Healthy People 2010*). Excessive drinking has consequences for virtually every part of the body (*Healthy People 2010*). Long-term heavy drinking increases risk for high blood pressure, arrhythmias, and stroke. It also increases the risk of developing certain forms of cancer, as well as cirrhosis and other liver disorders (*Healthy People 2010*). The use of alcohol, tobacco, and illegal substances during pregnancy is a major risk factor for poor pregnancy outcomes. Alcohol use is linked to fetal death, low birth weight, growth abnormalities, mental retardation, and fetal alcohol syndrome (*Healthy People 2010*).

Alcohol is the drug most frequently used by adolescents aged 12 to 17 years. In 1998, 19% of adolescents aged 12 to 17 years reported drinking alcohol in the past month. Alcohol use in the past month for this age group has remained at about 20% since 1992. Eight percent of this age group reported binge drinking, and 3% were heavy drinkers (five or more drinks on the same occasion on each of five or more days in the past 30 days).

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

LOW BIRTH WEIGHT - LACK OF EARLY AND ADEQUATE PRENATAL CARE

FINDINGS

In 2005, almost nine in ten (88.1%) Stephenson County pregnant women received first trimester prenatal care, a level that has remained at approximately the same level for ten years. In the years before 1993, smaller proportions of mothers received early care, fewer than 82%.

Data

MOTHERS BEGINNING PRENATAL CARE IN 1ST TRIMESTER 2001-2005

Year	Stephenson County Percent	Stephenson County Number	Illinois Percent
Total	86.9%	2,451	81.8%
Asian/PI	65.2%	15	80.7%
Black	71.3%	263	71.3%
White	89.6%	2,167	84.3%
Other	75.0%	6	80.8%

Source: Illinois Department of Public Health

- White mothers were much more likely to receive first trimester prenatal care. In 2005, nine in ten (91.8%) Stephenson County white mothers sought early care, compared to two in three (65.2%) black mothers. A racial disparity exists for the state as a whole, although not to the same degree, with 84.1% of white versus 72.1% of black mothers receiving first trimester care. Hispanic levels of first trimester care generally fall between the whites and blacks, though in the case of Stephenson County, the Hispanic rate at 70% is closer to the black rate.

**STEPHENSON COUNTY AND ILLINOIS
FIRST TRIMESTER PRENATAL CARE BY RACE/ETHNICITY: 2005**

Year	Stephenson County Number	Stephenson County Percent of Births	Illinois Percent of Births
All Births	453	88.1%	81.8%
White	404	91.8%	84.1%
Black	45	65.2%	72.1%
Other	0	0.0%	79.0%
Hispanic (any race)	14	70.0%	77.6%

Source: Illinois Department of Public Health

- In 2005, 81.3% of Stephenson County births received adequate care according to the Kessner Index, while births getting inadequate care, defined as care in the third trimester or not at all, dropped to a ten-year low of 3.1%.

**STEPHENSON COUNTY AND ILLINOIS
PERCENT OF BIRTHS BY KESSNER INDEX OUTCOMES: 1990 – 2005**

Year	Stephenson County			Illinois		
	Adequate	Intermediate	Inadequate	Adequate	Intermediate	Inadequate
2005	81.3%	15.6%	3.1%	74.4%	15.2%	9.1%
2004	82.3%	14.0%	3.4%	73.1%	15.9%	9.7%
2003	80.0%	15.3%	4.0%	74.4%	16.3%	8.2%
2002	83.0%	12.6%	4.2%	75.1%	17.0%	7.0%
2001	80.6%	13.5%	4.9%	74.5%	17.5%	7.3%
2000	82.8%	13.3%	3.7%	73.1%	18.6%	7.6%
1999	79.4%	16.0%	4.6%	73.8%	17.6%	8.0%
1998	80.2%	15.3%	4.4%	74.2%	17.6%	7.6%
1997	85.9%	11.0%	3.0%	73.7%	18.1%	7.6%
1996	85.6%	11.1%	3.2%	72.2%	19.1%	7.9%
1995	80.3%	14.2%	5.5%	71.9%	19.3%	8.0%
1990	76.4%	19.2%	4.1%	66.9%	23.7%	8.8%

Source: Illinois Department of Public Health

In the analysis of the local health system, two National Public Health Performance model standards related to access were only partially met:

- identifying personal health services of the population, especially for those who encounter barriers.
- assuring linkages of people to personal health services, particularly age-specific analysis of participation in prevention services.

Community Survey

As in the 2003 survey, Stephenson County respondents ranked **Good Healthcare System** as the number two health asset in the community in 2008. One half (50%) of black respondents, 24.2% of respondents with no college education, and 22% of respondents under 40 years of age paid for healthcare through Medicaid or with cash. Over 80% of white respondents financed healthcare through insurance, compared to only 26.8% of black respondents. The difference in educational attainment groups was also significant: 87.3% of those with a college education paid for healthcare through health insurance, compared to only 58.7% of respondents with no college. The survey indicates people believe the healthcare system is good, but may not use it at appropriate times.

Connections

Early and adequate prenatal care links to numerous overarching issues and health priorities. Those identified by Stephenson County 21st Century Healthy Communities are the effects on low birth weight,

and premature death among African-Americans (third leading cause of death). Early prenatal care has both an indirect and direct association with poverty, employment, and potential child abuse/neglect.

Justification

More than 40 million Americans do not have a particular doctor's office, clinic, health center, or other place where they usually go to seek healthcare or health-related advice. Even among privately-insured persons, a significant number lack a usual source of care or report difficulty in accessing needed care due to financial constraints or insurance problems or distance (*Healthy People 2010*).

People aged 18 to 24 years are the most likely to lack a usual source of ongoing primary care. Financial, structural, and personal barriers can limit access to healthcare. Financial barriers include not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a health plan or insurance program. Structural barriers include the lack of primary care providers, medical specialists, or other healthcare professionals to meet special needs, or the lack of healthcare facilities. Personal barriers include cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality or discrimination (*Healthy People 2010*).

Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. Since 1990, the proportion of infants whose mothers entered prenatal care in the first trimester increased 8.8%, from 76% to 83%. Among African-Americans, this proportion grew 19% and among Hispanics, 22%.

The likelihood of early entry into prenatal care rises with age. The risk of poor birth outcomes is greatest among the youngest mothers (aged 15 years and under). Clearly, therefore, continued work is needed to educate women, particularly young women, about the need to begin prenatal care early in pregnancy.

See Health Plan Worksheets for intervention strategies, barriers, resources and action steps.

HEALTH PLAN WORKSHEETS

Stephenson County Community Health Plan Worksheet

<p>Health Problem:</p> <p>Premature Mortality Among African-Americans</p>	<p>Outcome Objective (5 year goal for change in the health problem):</p> <p>1) By 2014, decrease the proportion of African-American deaths before age 65 from 52.6% to 40%. [Baseline: 52.6%, AA, 2003-05, vs. 20.1% all of SC, 2003-05, IPLAN Data]</p> <p>2) By 2014, decrease the age-adjusted death rate of African-Americans in Stephenson County from 1,193.4/100,000 to 1,000/100,000. [Baseline 1,193.4/100,000 SC, 2005; 1,073.2/100,000, IL 2005]</p>
<p>Risk Factors:</p> <p>heart Disease</p>	<p>Impact Objectives (2 – 3 year goal for change in a risk factor):</p> <p>By 2012, reduce the mortality rate of heart disease among African-American individuals from 216/100,000 to 170/100,000. [Baseline 216/100,000 SC, 2003-05; 308/100,000 IL, 2003-05; 283 US.]</p>
<p>Direct/Indirect Contributing factors:</p> <ul style="list-style-type: none"> ○ Access to Healthcare ○ Healthcare Utilization ○ Health Education ○ Prevention Programs ○ Case Management ○ Personal Compliance ○ Smoking ○ Hypertension ○ Overweight 	<p>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> ○ Initiate an African-American Health Advisory Committee. ○ Provide health education to the public, school-aged children, pregnant women, WIC clients and Family Practitioners. ○ Coordinate services with area providers and educators, such as schools, FHN, Monroe Clinic, and others. ○ Provide blood pressure screening to the hard-to-reach populations, including African-American males. ○ Establish a volunteer base to provide education and activities to the African-American population
<p>Resources Available:</p> <ul style="list-style-type: none"> ○ Support groups ○ Dept. of Human Services ○ Local Churches ○ Schools ○ Family Intervention/Support ○ FHN ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ Choices ○ Local Government Agencies 	<p>Barriers:</p> <ul style="list-style-type: none"> ○ Lack of funding for outreach programs. ○ Lack of trust in healthcare system. ○ Self advocacy. ○ Transportation availability and cost. ○ Reluctance to seek out screening test that may be viewed as intrusive. ○ Apathy and tendency toward procrastination. ○ Cultural and lifestyle factors that support sedentary lifestyles, poor nutrition choices. ○ Denial of health issue.

Stephenson County Community Health Plan Worksheet

<p><u>Health Problem:</u></p> <p>Premature Mortality Among African-Americans</p>	<p><u>Outcome Objective (5 year goal for change in the health problem):</u></p> <p>1) By 2014, decrease the proportion of African-American deaths before age 65 from 52.6% to 40%. [Baseline: 52.6%, AA, 2003-05, vs. 20.1% all of SC, 2003-05, IPLAN Data]</p> <p>2) By 2014, decrease the age-adjusted death rate of African-Americans in Stephenson County from 1,193.4/100,000 to 1,000/100,000. [Baseline 1,193.4/100,000 SC, 2005; 1,073.2/ 100,000, IL 2005]</p>
<p><u>Risk Factors:</u></p> <p>cancer</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u></p> <p>By 2012, reduce the mortality rate from cancer among African-American individuals from 238.5 to 200/100,000. [Baseline 238/100,000, SC, 2003-05; 252/100,000, IL, 2003-05; 186.8/ 100,000, SC white, 2003-05.]</p>
<p><u>Direct/Indirect Contributing factors:</u></p> <ul style="list-style-type: none"> ○ Access to Healthcare ○ Healthcare Utilization ○ Health Education ○ Prevention Programs ○ Case Management ○ Personal Compliance ○ Smoking ○ Hypertension ○ Overweight ○ Mental health issues 	<p><u>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</u></p> <ul style="list-style-type: none"> ○ Initiate a Health Advisory Committee for and target the African-American community. ○ Provide health education to the public, school-aged children, pregnant women, WIC clients and Family Practitioners. ○ Coordinate services with area providers and educators, such as schools, FHN, Monroe Clinic, and others. ○ Establish a volunteer base to provide education and activities to the African-American community. ○ Initiate a nurse navigator or advocate program.
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Support groups ○ Dept. of Human Services ○ Local Churches ○ Schools ○ Family Intervention/Support ○ FHN ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ Choices ○ Local Government Agencies 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Lack of funding. ○ Lack of trust in system. ○ Self advocacy. ○ Transportation availability and cost. ○ Reluctance to seek out screening test that may be viewed as intrusive. ○ Apathy and tendency toward procrastination. ○ Cultural and lifestyle factors that support sedentary lifestyles, poor nutrition choices. ○ Denial of health issue.

Program Evaluation for Priority One: Premature Death among African-Americans

Evaluating the effects of the heart disease and cancer prevention programs will focus on measuring the achievements of the outcome and impact objectives. This will also include quantifying:

- the number of programs and presentations offered and the number of attendees.
- the number of Black respondents to the *IL BRFSS Report* who identify themselves as either overweight or obese.
- the number of Black respondents to the *IL BRFSS Report* who identify themselves as seeing a physician within the last two years.
- the number of Black individuals obtaining blood pressure screenings.
- the number of members of a health advisory group for African-Americans.
- the number of respondents to the *IL BRFSS Report* who identify themselves as having had their blood cholesterol checked within the last year.
- the number of participants in the developed prevention programs.

ANTICIPATED SOURCES OF FUNDING: The funding is limited.

- Federal Funding
- FQHC & others
- Local hospitals
- IBCCP
- Local health department
- Community
- IDPH

Stephenson County Community Health Plan Worksheet

<p><u>Health Problem:</u></p> <p>obesity</p>	<p><u>Outcome Objective (5 year goal for change in the health problem):</u> By 2014, decrease the percent of individuals 18 years and older who are overweight/obese in Stephenson County by 10%. [Baseline 65.4% SC 2007, 60.9% IL BRFSS 2007.]</p>
<p><u>Risk Factors:</u></p> <p>nutrition (high fat and sugar diet)</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u></p> <ol style="list-style-type: none"> 1. By 2012, reduce 9th grade students (15 years of age) who are overweight or obese from 34% to 29%. [FSD 145 school BMI date 2008.] 2. By 2012, increase the percent of persons aged 18 and older who meet the nutritional guidelines' average daily goal of at least 5 servings of fruits/vegetables per day from 15.4% to 20%. [BRFSS 2007 Baseline 15.4% SC2007, IL Rural 24.0%, 2007.]
<p><u>Direct/Indirect Contributing factors:</u></p> <ol style="list-style-type: none"> 1. Knowledge of proper nutrition 2. Food cost/availability/quality 3. Psychological stress 4. Social/economic influences 5. Physical health 6. Poor family management 7. Availability/lack of options 8. Drug-induced psychosis 9. Heredity of psychosis 10. Stress/depression 	<p><u>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</u></p> <ul style="list-style-type: none"> • Provide education in healthy eating to the public, possibly through community health fairs. • Encourage schools to increase healthy food choices at lunch through the use of salad bars, whole grain foods, fresh fruit in vending machines. • Establish a county-wide health education committee to evaluate “best practices” for target populations. • Increase number of Stephenson County grocery stores providing 5-A-Day program in produce section of store. • Increase number of Stephenson County restaurants offering heart healthy choice indicators on their menus. • Identify existing “best practice” programs that could be used. • Parents of children (enrolled in the WIC program who are identified as obese/overweight) will be provided with information regarding: a) the health risks associated with being obese/overweight; b) improving dietary habits; and c) opportunities for increasing physical activity. • Stocking local food pantries with healthy food; having healthy food drives; being mindful of the food requirements of different cultures.
<p><u>Resources Available:</u></p> <p>County Extension Food Programs After School Programs WIC Vouchers for fresh fruits and vegetables CYDC YMCA FHN Monroe Clinic Retail food stores Park district</p>	<p><u>Barriers:</u></p> <p>Cost of fresh fruit and healthy foods Funding loss from pop sales Candy used as a reward Lack of parent education Television ads</p>

Stephenson County Community Health Plan Worksheet

<p>Health Problem:</p> <p>Obesity</p>	<p>Outcome Objective (5 year goal for change in the health problem): By 2014, decrease the number of Stephenson County residents 18 years of age and older that are overweight or obese from 65.4% to 60%. [Baseline 65.4% SC; 60.9, IL; 2007 BRFSS]</p>
<p>Risk Factors:</p> <p>physical inactivity</p>	<p>Impact Objectives (2 – 3 year goal for change in a risk factor):</p> <ol style="list-style-type: none"> 1. Increase by 5% the proportion of people aged 18 and older who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day from 35.9% to 38%. [Baseline 35.9% SC; 20.6%IL BRFSS 2007.]. 2. By 2012, increase the percent of persons age 18 and older who meet or exceed regular physical activity guidelines from 49.6% to 53%. [Baseline 49.6% SC; 32.1% IL BRFSS 2007.]
<p>Direct/Indirect Contributing factors:</p> <p>Lack of support/physical environment Lifestyle/person motivation Media Economics Education/social norms Physical and mental health Chronic illness Lack of mobility Poor exercise habits Mental health status Poor family management Socioeconomic status (poverty)</p>	<p>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> • Establish a county-wide health education committee to evaluate “best practices” for target populations. • Implement a Family Fit Program and summer events that promote physical activity for families and children. • Increase outreach to educate the public as to different types of activities. • Encourage families and schools to offer physical activities as a reward. • Encourage implementation of after-school program, Teen Reach. • Increase awareness of local issue by obtaining media coverage of school data. • Work with local employers to provide resources on benefit of physical activity. • Establish pedometer loan program to increase awareness of actual activity level. • Work with local organizations to create walk/run groups. • Work with local medical providers to increase proportion of obese/overweight adults who receive advice about weight loss. • Parents of children (enrolled in the WIC program who are identified as obese/overweight) will be provided with information regarding: a) the health risks associated with being obese/overweight; b) improving dietary habits; and c) opportunities for increasing physical activity. • Encourage wellness programs offered through local businesses.
<p>Resources Available:</p> <p>PE classes FHN After school programs Monroe Clinic CYDC Park District YMCA</p>	<p>Barriers:</p> <p>Time Energy Funding / Cost</p>

Program Evaluation for Priority Two: Obesity

Evaluating the effects of the obesity prevention programs will focus on measuring the achievements of the outcome and impact objectives. This will also include measuring:

- the number of programs and presentations offered and the number of attendees.
- the number of respondents to the IL BRFSS Report who identify themselves as either overweight or obese.
- the number of respondents to the IL BRFSS Report who identify themselves as seeing a physician within the last two years.
- the number of WIC children who are identified as obese/overweight and receive nutrition and exercise education.
- the number of school age children who are identified as obese/overweight.
- the number of school age children who receive nutrition and exercise education.
- the number of restaurants and grocery stores that provide healthy eating education to their consumers.
- the number of participants in the developed prevention programs.

ANTICIPATED SOURCES OF FUNDING: The funding is limited.

- Illinois Department of Public Health Grants
- WIC
- Community Foundation
- Fee for service
- Local school system

Stephenson County Community Health Plan Worksheet

<p><u>Health Problem:</u></p> <p>Low Birth Weight</p> <p>Substance Abuse</p>	<p><u>Outcome Objective (5 year goal for change in the health problem):</u> By 2014, decrease the percentage of infants who are considered low birth weight from 11.4% to 8.0%. [Baseline 11.4% SC 2006; 8.6% IL 2006; US 8.2% 2006.]</p>
<p><u>Risk Factors:</u></p> <p>alcohol Abuse</p>	<p><u>Impact Objectives (2 – 3 year goal for change in a risk factor):</u> By 2012, decrease the percentage of individuals 18 and older who binge drink from 20.3% to 18.0%. [Baseline 20.3% SC, 2007; 19.4% IL, 2007, BRFSS.]</p> <p>By 2012 decrease the percent of 10th grade students who have consumed alcohol during the past 30 days from 52% to 30%. [Baseline 52% SC, 2006; 42.6% IL, 2006, IL Youth Survey.]</p> <p>By 2012 decrease the Percent of women who use alcohol during pregnancy from .4% to .2%. [Baseline .3% SC; .4% IL, 2001-2005 IPLAN.]</p>
<p><u>Direct contributing factors:</u></p> <ul style="list-style-type: none"> ○ Local culture ○ Lack of education, binge drinking, risk of underage drinking ○ Low perception of risk/harm ○ Social access by friends, family, parties, parents ○ Social community norms ○ Unemployment ○ Family issues ○ Poverty <p><u>Indirect contributing factors:</u></p> <ul style="list-style-type: none"> ○ Availability ○ High school dropouts ○ Mental health ○ Family issues 	<p><u>Suggested Intervention Strategies</u></p> <ul style="list-style-type: none"> ○ Policy changes – change alcohol ordinances to reflect requirement of Beverage Server Training to reduce youth access and train store personnel in refusal skills. ○ Social norms campaign ○ Community education campaign ○ Compliance checks of retailers of tobacco & alcohol ○ third party deterrent campaign ○ Policy changes – schools, communities, retailers ○ Media advocacy campaign ○ Provide health education on preventing alcohol use to adolescents ages 12-17 and parents, i.e., Lions Quest ○ Increase access to medical care for African-American women
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ○ Support groups ○ Dept of Human Services ○ Law enforcement ○ Local churches ○ Schools ○ Monroe Clinic ○ FHN Counseling ○ Stephenson County Board of Health ○ Community Youth & Development Coalition ○ Local government agencies 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ○ Local government opposing liquor license issuances/changes in ordinances/ limitations. ○ Cultural traditions ○ Addictions (pre-existing) ○ Lack of funding ○ Demographics – lots of rural areas, difficult to catch or enforce existing laws ○ Stigma attached to addiction ○ Denial of community and individuals about alcohol-related issues

Stephenson County Community Health Plan Worksheet

<p>Health Problem:</p> <p>low Birth Weight</p>	<p>Outcome Objective (5 year goal for change in the health problem): By 2014, decrease the percentage of infants who are considered low birth weight from 11.4% to 8.0%. [Baseline 11.4% SC 2006; 8.6% IL 2006; US 8.2% 2006.]</p>
<p>Risk Factors:</p> <p>lack of Early and Adequate Prenatal Care</p>	<p>Impact Objectives</p> <ul style="list-style-type: none"> ○ By 2012, increase the percent of females obtaining prenatal care in the first trimester from 86.9% to 90%. [Baseline 88.1% SC, 2005; 81.8% IL 2005, IPLAN Data.] ○ By 2012, increase the percent of African-American females obtaining prenatal care in the first trimester from 65.2% to 72%. [Baseline 65.2% AA SC, 2005; 72% AA IL, 2005.]
<p>Direct/Indirect Contributing factors:</p> <ol style="list-style-type: none"> 1. Access to care <ul style="list-style-type: none"> ● Transportation 2. No insurance coverage 3. Limited health/sex education 4. Poor family management <ul style="list-style-type: none"> ● Lack of clear expectations of healthcare 5. Cost 6. Low socioeconomic status (poverty) 7. Mental health status 	<p>Suggested Intervention Strategies</p> <ul style="list-style-type: none"> ○ Increase access at SCHED Family Planning Clinic ○ Encourage and establish a comprehensive health/sex education curriculum at the schools ○ Discourage subsequent pregnancies during TPS group education ○ Initiate Health Advisory Committee ○ Outreach services to hard-to-reach populations through area churches and civic groups
<p>Resources Available:</p> <ul style="list-style-type: none"> ○ Stephenson County Health Department ○ Local churches ○ Boys & Girls Club ○ Dept. of Human Services ○ FHN ○ Monroe Clinic 	<p>Barriers:</p> <ul style="list-style-type: none"> ○ Limited funding for outreach programs. ○ Socioeconomic status ○ Family values

Stephenson County Community Health Plan Worksheet

<p>Health Problem: Low Birth Weight Substance Abuse - Tobacco</p>	<p>Outcome Objective (5 year goal for change in the health problem): By 2014, decrease the percentage of infants who are considered low birth weight from 11.4% to 8.0%. [Baseline 11.4% SC 2006; 8.6% IL 2006; US 8.2% 2006.]</p>
<p>Risk Factors: Smoking during pregnancy</p>	<p>Impact Objectives (2 – 3 year goal for change in a risk factor): By 2012, reduce the proportion of women who smoke during pregnancy from 19.6% to 14%. [Baseline 19.6% SC 2005; 8.6% IL 2005 IPLAN data.] By 2012, decrease the percentage of 10th graders who have used tobacco in the past 30 days from 11.1% to 9%. [Baseline 11.1% SC 2008 CTC Youth Survey; 23.1% Rural IL 2006 IL Youth Survey.]</p>
<p>Direct/Indirect Contributing factors:</p> <ul style="list-style-type: none"> ○ Access to tobacco products ○ Family social norm ○ Peer group ○ Socioeconomic status (poverty) ○ Health education/access to care ○ Poor family management ○ Mental health status 	<p>Proven Intervention Strategies (1 – 2 year goal for change in contributing factors):</p> <ul style="list-style-type: none"> ○ Support the enforcement of Smoke-Free Illinois Act ○ Provide health education to the public, pregnant women, WIC clients and school-aged children ○ Increase the number of pregnant mothers participating in the “Freedom from Smoking” Program at SCHD ○ Provide “Smoke-Free That’s Me” to 2nd and 4th grade children ○ Support the Illinois Tobacco Quitline ○ Continue Lions Quest in schools ○ Continue WIC Smoking Cessation Program
<p>Resources Available:</p> <ul style="list-style-type: none"> ○ Community Youth & Development Council ○ Support groups ○ Dept of Human Services ○ Law enforcement ○ Local churches ○ Schools ○ Family interventions/support ○ FHN counseling ○ Stephenson Board of Health ○ Local government agencies 	<p>Barriers:</p> <ul style="list-style-type: none"> ○ Tobacco marketing ○ Cultural traditions ○ Addiction ○ Lack of funding ○ Demographics – lots of rural areas, difficult to catch or enforce existing laws ○ Stigma attached to addiction ○ Denial of community and individuals about tobacco-related issues

Stephenson County Community Health Plan Worksheet

<p>Health Problem:</p> <p>Low Birth Weight</p>	<p>Outcome Objective (5 year goal for change in the health problem): By 2014, decrease the percentage of infants who are considered low birth weight from 11.4% to 8.0%. [Baseline 11.4% SC 2006; 8.6% IL 2006; US 8.2% 2006.]</p>
<p>Risk Factors:</p> <p>teen Pregnancy</p>	<p>Impact Objectives (2 – 3 year goal for change in a risk factor):</p> <ul style="list-style-type: none"> ○ By 2012, decrease the percent of births to women <20 years of age in Stephenson County from 14.3% to 9.7%. [Baseline 13.9% SC, 2006; 8.7% IL, 2006, IPLAN Data Set.] ○ By 2012 decrease the percent of teen births to African-American women <20 years of age from 24.6% to 20.0%. [Baseline 24.6% AA, 2005; 13% SC, 2005, IPLAN Data Set.] ○ By 2012 decrease the age-specific fertility rate of females age 15-17 from 12.9/1,000 to 10/1,000. [Baseline 12.9/1,000 SC, 2005; 21.4/1,000 US, 2005 IPLAN.]
<p>Direct/Indirect Contributing factors:</p> <ol style="list-style-type: none"> 1. Friends who engage in the problem behavior <ul style="list-style-type: none"> ○ Peer pressure/social norm 2. Low perceived risk of drug or alcohol use <ul style="list-style-type: none"> ○ Lack of knowledge of harmful effects of substance use ○ Positive media portrayal ○ Acceptability of substance use 3. Limited health/sex education 4. Poor family management <ul style="list-style-type: none"> ○ Lack of clear expectations of behavior ○ Lack of monitoring child(ren) ○ Few and inconsistent rewards for positive behavior 5. Lack of commitment to school <ul style="list-style-type: none"> ○ Low academic achievement 6. Low socioeconomic status 	<p>Suggested Intervention Strategies</p> <ul style="list-style-type: none"> ○ Initiate “Reducing the Risk” Program at Boys & Girls Club and Big Brothers/Big Sisters ○ Increase access/outreach at SCHD Family Planning Clinic ○ Encourage and establish a comprehensive health/sex education curriculum at the schools to include prevention options (at all levels) ○ Establish prevention programs such as “Wise Guys” and “Girl to Girl” ○ Discourage subsequent pregnancies during TPS group education ○ Continue Family Case Management/WIC individual education on subsequent pregnancy ○ Establish a program with school nurses to monitor healthy eating and healthy habits ○ Provena to work with Mother Hubbard’s Kiddie Cupboard to establish a “Grandmother Mentor” program for teen moms
<p>Resources Available:</p> <ul style="list-style-type: none"> ○ Stephenson County Health Department ○ Local churches ○ Boys & Girls Club ○ Department of Human Services ○ Monroe Clinic ○ FHN 	<p>Barriers:</p> <ul style="list-style-type: none"> ○ Limited funding ○ Socioeconomic status ○ Family values

Program Evaluation for Priority Three: Low Birth Weight

Evaluating the effects of the low birth weight (LBW) prevention programs will focus on measuring the achievements of the outcome and impact objectives for each risk factor. This will include measuring the number of programs and presentations offered, the number of attendees, the number of youth mentored, and policy changes.

Alcohol use

- the number of programs and presentations offered and the number of attendees.
- the number of women who use alcohol during pregnancy.
- the number of respondents in the IL BRFSS Report who are at risk for binge or acute alcohol consumption.
- the number of compliance checks by law enforcement.
- the percent of 10th and 12th grade students who have consumed alcohol within the last 30 days.

Lack of Early and Prenatal Care

- the number of programs and presentations offered and the number of attendees.
- the number of women in the Family Case Management and WIC who obtain prenatal care within the first trimester.
- the number of women <20 years of age who receive educational materials on the need to obtain early prenatal care.

Tobacco use

- the number of programs and presentations offered and the number of attendees.
- the number of pregnant women who participate in the Freedom from Smoking Program.
- the number of women who participate in the WIC Smoking Cessation Program.
- the percent of 10th and 12th grade students who used tobacco in the last 30 days.
- the number of people who quit smoking, including pregnant women.

Teen Pregnancy

- the number of programs and presentations offered and the number of attendees.
- the number of students receiving a comprehensive health/sex education program in the schools.
- the number of women in the Family Case Management/WIC and Teen Parent Services who receive individual education on subsequent pregnancies.
- the number of women <20 years of age who access the Family Planning clinic and receive prevention education.

ANTICIPATED SOURCES OF FUNDING: The funding is limited.

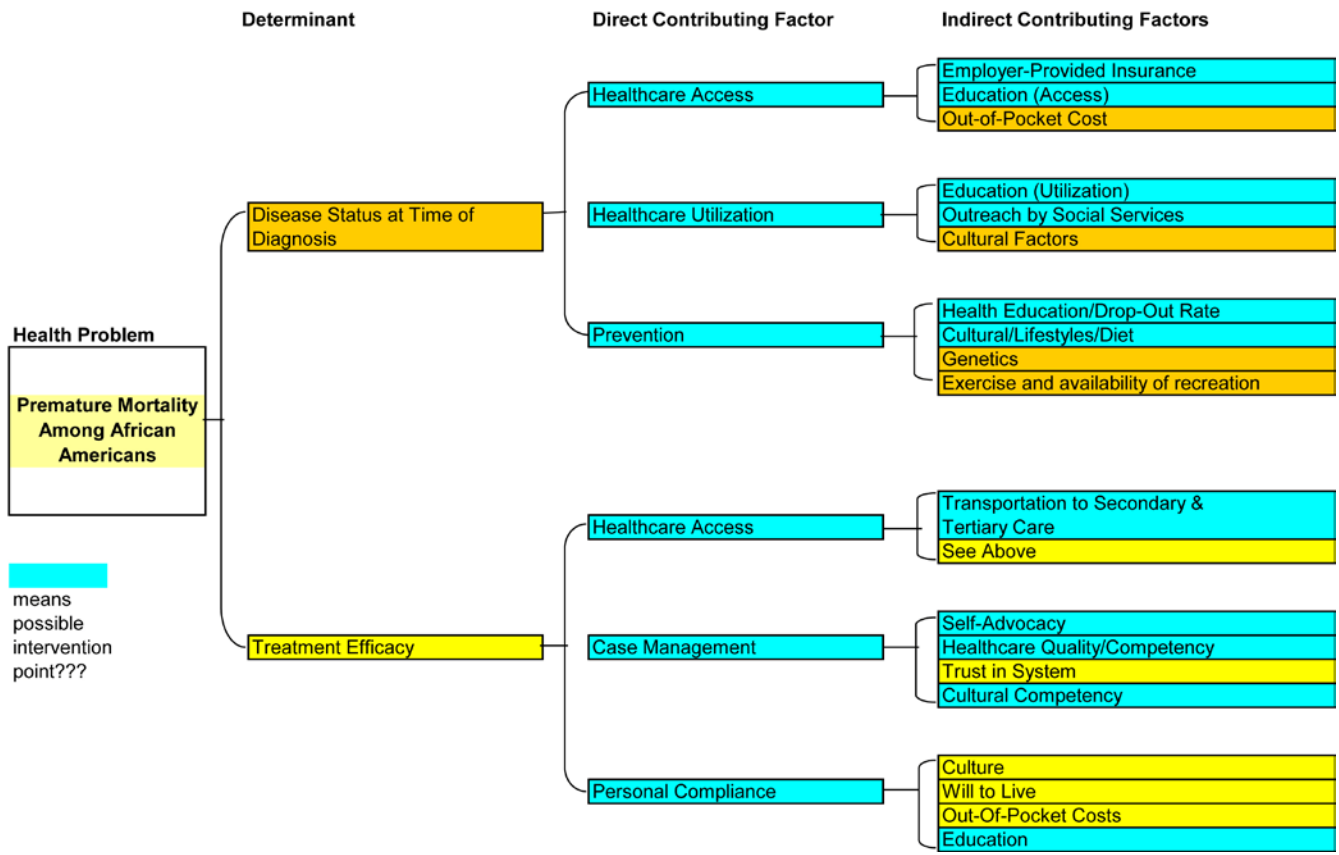
- Federal Funding
- FQHC & others
- local hospitals
- IBCCP
- local health department
- Community
- IDPH

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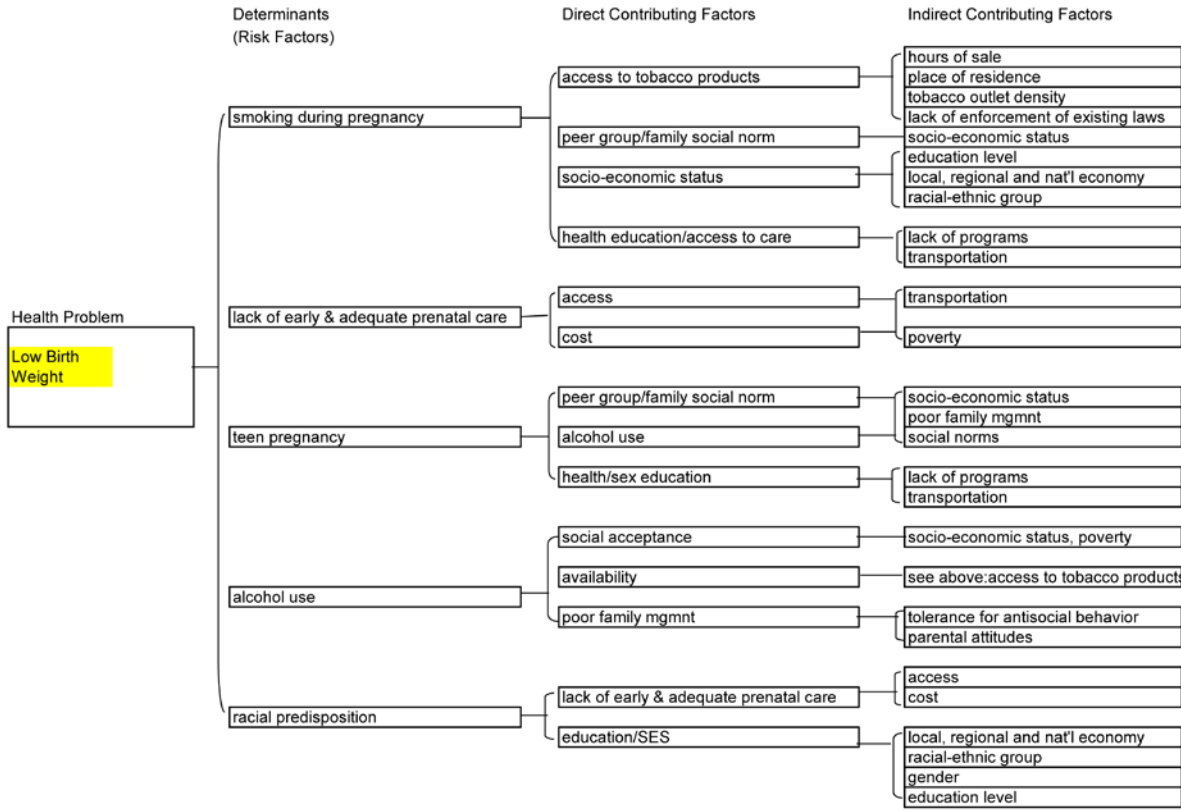
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HEALTH PROBLEM ANALYSIS WORKSHEET

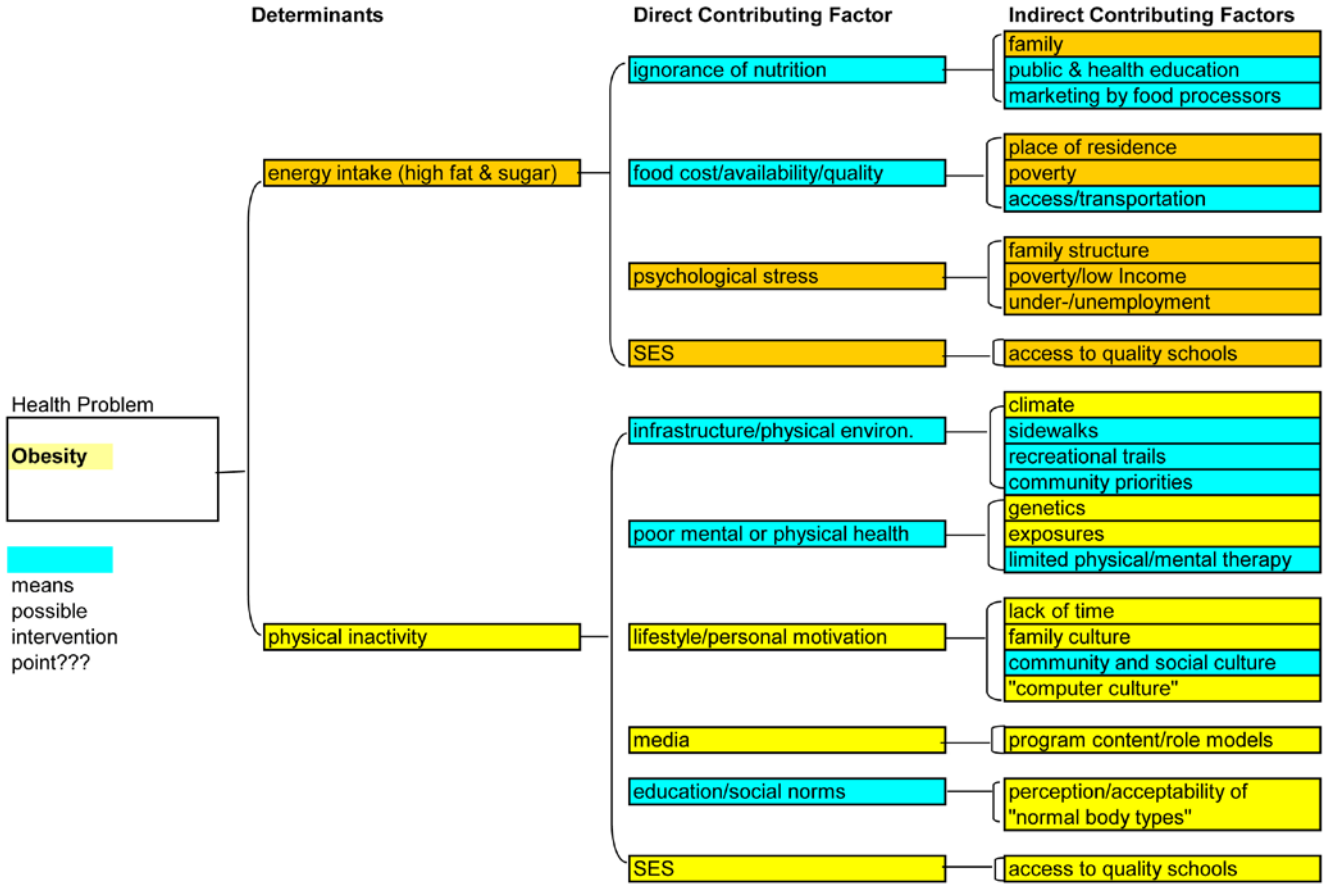


HEALTH PROBLEM ANALYSIS WORKSHEET



JK:tse
1/14/04

HEALTH PROBLEM ANALYSIS WORKSHEET



REFERENCES

MAPP Assessment Protocol for Excellence in Public Health (1996)

National Association of County and City Health Officials
440 First Street, NW, Suite 450
Washington, DC 20001

APEXPH Assessment Protocol for Excellence in Public Health (1996)

National Association of County and City Health Officials
440 First Street, NW, Suite 450
Washington, DC 20001

Illinois Project for Local Assessment of Needs

IPLAN Data Set (1990, 1994, 2000-2006)

Illinois Department of Public Health
Illinois Center for Health Statistics
Springfield, IL 62761-0001

Census 2000 Data for the State of Illinois

U.S. Census Bureau
Public Information Office
4600 Silver Hill Road
Washington DC 20233

Illinois County Behavioral Risk Factor Surveillance System, 2007

Illinois Department of Public Health
Illinois Center for Health Statistics
525 West Jefferson Street
Springfield, Illinois 62761

DHS Chestnut Health Systems Youth Study

Chestnut Health Systems
720 West Chestnut
Bloomington, IL 61701
www.illinoisyouthsurvey.org

Healthy People 2010 & Healthy People 2020 Objectives

Office of Disease Prevention and Health Promotion
200 Independence Ave. SW
Washington, DC 20201

U.S. Bureau of Labor Statistics

Postal Square Building
2 Massachusetts Ave., NE
Washington, DC 20212-0001

Illinois State Cancer Registry (ISCR), Illinois Department of Public Health, 2007

Regional Economic Data, Bureau of Economic Analysis

Stephenson County 21st Century Healthy Communities Project

Community Health Survey 2008

Your opinions about community health are important! By taking a few moments to complete this survey, you will provide valuable insight about community health strengths and concerns.

Sponsor members of Stephenson County 21st Century Healthy Communities Project will evaluate the results of this survey along with other information to identify the most pressing problems that can be addressed through community action.

If you recently completed this survey, please do not complete another. Thank you for your valuable input. Should you have questions, please contact Stephenson County Health Department at 815-235-8271. **All information provided will be confidential.**

**Please return to: Stephenson County Health Department
10 W. Linden St.
Freeport, IL 61032**

You must be a Stephenson County resident to complete this survey.

Please indicate where you live by checking **one** from the following list:

- | | |
|---|---|
| <input type="checkbox"/> Freeport ward # _____ or | <input type="checkbox"/> Orangeville |
| <input type="checkbox"/> Neighborhood _____ or | <input type="checkbox"/> Winslow |
| <input type="checkbox"/> Township _____ | <input type="checkbox"/> Lena |
| <input type="checkbox"/> Cedarville | <input type="checkbox"/> Pearl City |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> German Valley |
| <input type="checkbox"/> Rock City | <input type="checkbox"/> Ridott |
| <input type="checkbox"/> Davis | <input type="checkbox"/> Other (please specify) _____ |

Survey sponsored by:

*Stephenson County Health Department
Highland Community College
United Way of Northwest Illinois*

*Freeport School District # 145
FHN
Monroe Clinic*



Public Health
Prevent. Promote. Protect.

SECTION ONE: OVERALL COMMUNITY HEALTH

Please circle the letter to the left of your answer.

1. From the following list, please select what you think are the **three most important health assets/strengths** in Stephenson County? Circle only three items:

- A. Community Involvement
- B. Low crime / safe neighborhoods
- C. Low level of child abuse
- D. Good Schools
- E. Access to healthcare & other services
- F. Parks and recreation
- G. Appreciation of diversity
- H. Good jobs and healthy economy
- I. Strong family life
- J. Healthy behaviors and lifestyles
- K. Good place to raise children
- L. Good place to grow old
- M. Low infant death rate
- N. Excellent race relations
- O. Clean environment
- P. Affordable quality housing
- Q. Low death and disease rates
- R. Religious or spiritual values
- S. Arts and cultural events
- T. Good healthcare system (FHN, Monroe Clinic, SCHD)

Other_____

2. From the following list, please select what you think are the **three most important “health problems”** in Stephenson County? (i.e. those problems that have the greatest impact on overall community health.) Circle only three items:

- A. Motor vehicle crashes
- B. Rape / sexual assault
- C. Mental health issues
- D. Homicide
- E. Child abuse / neglect
- F. Elder abuse / neglect
- G. Suicide
- H. Teenage pregnancy
- I. Cancer of any type
- J. Domestic violence
- K. Firearm-related injuries
- L. Hunger
- M. Infectious Diseases (hepatitis, TB, etc.)
- N. Poor Diet / Inactivity
- O. Alcohol & other drug abuse
- P. HIV/AIDS
- Q. Sexually Transmitted Disease (HIV,STD)
- R. Lack of access to healthcare
- S. Poor healthcare system
- T. Chronic Diseases (cancer, heart, lungs, diabetes, high blood pressure)
- U. Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- V. Tobacco use
- W. Homelessness
- X. Poverty
- Y. Lack of access to dental care
- Z. Lack of access to fresh fruit and vegetables
- Other_____

8. Within the past year, were you able to get needed healthcare **in** Stephenson County?

Yes No Not Needed Sometimes

If “no” or “sometimes”, please describe / explain.

9. Within the past year, what type of health services did you or your immediate family members receive **outside Stephenson County**?

Circle all items that apply:

- A. None
- B. Lab work
- C. CPR Training
- D. General Surgery
- E. Urology care
- F. Ear, Nose, Throat Care
- G. Podiatry Care
- H. X-Ray/MRI
- I. Hearing services
- J. Family Planning
- K. Emergency room service
- L. Cancer diagnosis and treatment
- M. Immunizations
- N. General Practitioner care
- O. Mental health services
- P. Eye Care
- Q. Orthopedic/Bone care
- R. Cardiac/Heart Care
- S. Dental Care
- T. Orthodontia
- U. Obstetrics/Gynecology
- Other _____

10. If you received healthcare **outside** Stephenson County, **circle one letter that best matches the reason why:**

- A. My doctor of choice is in another city.
- B. No providers for services I need.
- C. My insurance only covers doctors in another area.
- D. No appropriate doctors accept Medicare/Medicaid
- E. I receive care at a Veterans Administration facility

11. Within the past year, what type of mental health services did you or anyone in your family need?

Circle all letters that apply:

- A. None B. Crisis Care C. Hospitalization D. Counseling/Therapy

12. Within the past year, what type of social service assistance did you or anyone in your family need?

Circle all letters that apply:

- A. None
- B. Food stamps
- C. KidCare/SCHIP
- D. Housing assistance
- E. Respite care
- F. TANF
- G. Subsidized child care
- H. WIC support
- I. Adult Day care

Other _____

13. If you needed assistance, were you able to get it in Stephenson County? Yes No

14. Within the past year, have any of your family/friends needed long-term care placement (skilled nursing facility, rehab, etc.)? Yes No

If yes, was there any difficulty obtaining placement? Please describe / explain: _____

SECTION THREE: EMPLOYMENT AND HOUSING

15. Are you currently employed? (Circle one.)

- A. Not employed
- B. Employed Part-time _____ Hours per week
- C. Employed Full-time

16. If not working outside the home, what is the main reason you are not working? (Circle one.)

- A. Ill or disabled
 - B. Cannot find work
 - C. Retired
 - D. Taking care of family
 - E. Need training
 - F. Student
- Other _____

17. Does your job give you a sense of satisfaction **most of the time**?

- Yes No Not working outside of home

18. How much stress do you feel at your job on a regular basis? (Circle one.)

- A. None
- B. A little stress
- C. Some stress
- D. A lot of stress
- E. Too much stress
- F. Not working outside the home

19. How many days in the past month were you not able to work or do your daily activities because of illness? (Circle one.)

- A. None
- B. One to several days
- C. Many days
- D. Most days
- E. Every day

20. Do you have enough money to pay for essentials such as food, clothing, housing and medicine?
(Please circle the response below)

A. Always

B. Sometimes

C. No

21. Please circle the description of your current living arrangement:

A. I rent an apartment, condo, house

B. I own my own home

C. I live with others who rent/own

D. Other _____

22. How much of your household income do you think goes into your rent or mortgage? (Circle one.)

A. None

B. less than 25%

C. 25-50%

D. over 50%

23. Are you satisfied with your housing situation? Yes No

If no, why not? Circle all letters that apply:

A. too small /crowded

B. problems with other people

C. too run down

D. too expensive

E. too far from town/services

Other _____

SECTION FOUR: COMMUNITY INVOLVEMENT AND RECREATION

24. Approximately how many hours per month do you participate in community activities such as volunteering in schools or hospitals, voluntary organizations, and churches? (Circle one.)

A. none

B. 1-5 hours

C. 6-10 hours

D. over 10 hours

I would spend more time participating in community activities if _____

25. In Stephenson County, the **three** places I go for recreation most often are:
Circle no more than **three** letters:

- A. parks
- B. movie theaters
- C. live theater/dance performances/concerts
- D. social club/service club
- E. rivers/lake/beaches/woods
- F. sports fields
- G. swimming pools
- H. health/fitness clubs
- I. dance halls
- J. places for yoga, tai-chi,etc.
- K. church
- L. senior center
- M. library
- other _____

27. Recreation activities that I would use if they were available in Stephenson County are

Please answer the following questions about yourself so that we can see how different types of people feel about these local health issues.

28. Your gender:

- A. Female
- B. Male

33. Number of people in your household: _____

29. Are you?:

- A. Married/cohabitating
- B. Single/divorced

34. Your highest educational level:

- A. Less than High School graduate
- B. High School Diploma or GED
- C. College degree or higher
- D. Other _____

30. Your age:

- A. Under 18 years
- B. 18 - 25 years
- C. 26 - 39 years
- D. 40 - 54 years
- E. 55 - 64 years
- F. 65 - 80 years
- G. Over 80 years

35. Where / how you got this survey: (check one)

- A. Church
- B. Community Meeting
- C. Health department
- D. Doctor's office
- E. Personal Contact
- F. Workplace

Other _____

31. Ethnic group you most identify with:

- A. African-American / Black
- B. Asian
- C. Hispanic / Latino
- D. Native American
- E. White / Caucasian
- F. Other _____

32. Annual Household Income:

- A. Less than \$25,000
- B. \$25,000 to \$49,999
- C. \$50,000 to \$74,999
- D. Over \$75,000

Forces of Change Focus Group Responses

Steering Committee September 22, 2008

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Good place to raise children
- Good parks and recreation
- Good schools
- Good collaboration within community, significant volunteerism
- Active faith community
- “terrific” social service agencies, strong charitable organizations
- Health care quality and access
- Collaboration between city, township and county government
- Highway system (?)
- Diversity and understanding
- Proximity to Chicago, Madison, Milwaukee for cultural events
- FACC
- Good Health Department

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Community leadership and volunteers spread too thin (the “usual suspects” problem), competition for Board membership between agencies, organizations
- Poor commercial transportation, lack of Interstate, four lane highways, 80,000 pound roads and no money available to build them
- Loss of corporate support of agencies, community organizations along with loss of jobs
- Lack of continuity for social services for youth
- Lack of access and utilization of health care system by people of color; barriers?
- Lack of recognition of available social services among low income people
- Lack of transportation for routine travel (appointments, shopping, etc) both on Freeport and in the county
- No method to prevent use of social services by illegal immigrants and other non-citizens
- Lack of good community-wide health education/promotion

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- HCC providing bridge for students going on to 4 year institutions, job training and re training
- More collaboration between charitable organizations especially as budget get tighter
- Senior citizens, volunteerism, mentoring, retirees' expertise
- Promotion of tourism through SCCVB, natural beauty of the area
- Energy initiatives (biodiesel, wind, alcohol, etc)
- Youth leadership and community service as a requirement for HS graduation (30-40 hours)
- Use sesquicentennial as a springboard for further promoting cultural/historical aspects of the county
- Boys and Girls Club as a potential partial solution for troubled, disaffected youth
- Neighborhood watch groups as an effective adjunct to policing against crime and substance abuse
- Proximity to Chicago, Madison, Milwaukee for cultural events
- High gas prices as a reason to stay home and shop Freeport
- Capitalize on national election cycle to get people motivated about social/political issues
- StephCo as a good place to start a business (low cost, available buildings, workforce, great promotion from Chamber of Commerce, etc)

What are threats to community health in Stephenson County?

THREATS

- Decreased or "flat" funding for mental health and disability services, including alcohol, tobacco and other drug (ATOD) interventions and follow up, especially with youth
- Decreased or "flat" funding for Health Department prevention programs despite increased demand
- Tax caps and flat sales tax revenues
- ATOD among youth; possibly under reported
- Un- and under- employment with decrease in real wages and benefits
- Increased mobility with lower income families moving in and out of communities, potentially bringing crime and its effect on schools
- Stagnant and/or decreasing population; not enough people/tax base to bring about change
- Housing generally affordable but perhaps not the best quality. Rents are relatively high for the quality received
- Elder abuse, esp. financial due to adult children's low income and substance abuse
- Racism
- Use of social services by illegal immigrants
- Lack of effective sex education (teen pregnancy, ATOD during pregnancy, low birth weight babies, etc)
- Low academic achievement in Freeport schools
- Environmental exposures (farm chemicals, ground water contamination, etc)

- Banking, mortgage, financial institution crisis giving rise to decrease personal financial stability, mental health issues, potential decreased utilization of health care
- Cost of health care, both intrinsic costs and extrinsic (transportation to and from, gas prices, etc)
- Black male detachment from community, exclusion from opportunities?
- Energy costs may decrease people's utilization of health care
- Unemployment, under employment and poverty
- Increased Medicaid usage leading to decreased reimbursement of health care system
- Limited funding for health care to uninsured, underinsured and Medicaid

**Rural resident focus group
October 3, 2008**

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Health care system is very good
- Clean air and water
- Good recreation opportunities
- Jane Addams Trail and WI trail system
- Families able to care for elderly, transport to appointments., etc
- Good rural schools can be used to teach nutrition and health
- Proximity to Madison, Rockford, Chicago for specialty medical service including long term care, rehab, cancer treatment

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Health care costs
- Lack of affordable dental care for those without dental coverage on their insurance
- Decreasing number of jobs with good health care benefits
- Lack of clear vision and planning at the county level that would attract better jobs, development in a sustainable manner
- No north-south four lane highway to encourage economic development; still no four lane to Galena
- Teen drinking and partying in the country
- Motor vehicle crashes
- Lack of adult supervision for kids on weekends, after sporting events
- Too many waivers for kids to get out of high school physical education
- Too much overweight and obesity and smoking that drives up everyone's health care costs

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- HCC initiative to develop a wind turbine worker training program
- Alternative energy development...wind, solar, biomass; Stephenson County could become a national leader in "green" technology; another great opportunity for HCC and local schools
- We can create good jobs with innovation and forward thinking; need a new County Board chair, someone not so arrogant and someone who can build coalitions

- Use schools to expand on State Learning Objectives for health education classes; can use our good schools to teach more about nutrition, health, etc

What are threats to community health in Stephenson County?

THREATS

- Environmental degradation from large farms (Bos dairy)
- National economy affecting local firms; potential loss of jobs and health care benefits
- Opposition to wind turbines and other alternative energy technologies by a vocal minority in the county
- Increased cancer rates in the county

October 10, 2008
Boys and Girls Club

What strengths exist in Stephenson County that will allow us to improve community health?

STRENGTHS

- Focused effort by faith based communities throughout Freeport to get community initiatives done
- Senior Center-various programs (health screening, exercise programs, etc)
- Coordination of preventive services provided by Agencies and community groups (FACC, Salvation Army, township, DCFS, etc)
- Availability of recreational facilities and scholarships to use them
- Transit system (Pretzel City Transit) in development
- Sponsored health fairs and seminars
- Recruiting efforts by FHN, TMC to bring in more MDs
- HCC retraining programs for better jobs with health care benefits
- Master Builder's Program at county jail
- District 145

What weaknesses exist in Stephenson County that will prevent us from improving community health?

WEAKNESSES

- Lack of a fully functional, integrated transit system, especially for senior citizens
- Health care system: lack of insurance, cost of prescriptions and services, lack of access
- Lack of trust of the health care system: depersonalized, doctors don't know patients, system run by profit motives, drugs over-prescribed
- Poor communication between doctor and patients and poor communication between hospital units
- Poor service at emergency rooms, sub-contracted physicians, too long of wait for services
- Lack of affordable dental care and access, even with insurance have to go out of county to get services, poor quality of FHN dentists
- Too many HMO/PPO restrictions on access to medical and dental care
- Questionable quality of housing for the rent, cost; affordable housing in poor neighborhoods; potential toxic exposures in certain areas
- Lack of information on available health education opportunities from FHN, TMC, SCHD
- Safety
- Youth not taking advantage of recreational activities
- Lack of minority educators
- Lack of parental supervision
- Loss of quality jobs with benefits
- Poverty
- Dist 145

What opportunities exist in Stephenson County on which we may capitalize to improve community health?

OPPORTUNITIES

- Development of a fully functional, integrated transit system, especially for senior citizens
- HCC educational programs
- Health education especially for minority kids
- Development of health consumer/patient education programs; what questions to ask, patient rights
- Improved communication between agencies and community groups with similar focus and agendas
- Economic development; we have good available workforce and an affordable place to do business

What are threats to community health in Stephenson County?

THREATS

- Incarceration rates for youth of all racial ethnic groups
- Lack of education and follow through about healthy lifestyle choices; “addiction” to fat, salt and sugar
- Poverty
- National and international economics
- Racism
- Continued health disparities
- Funding cuts to local health departments

Common themes from focus groups

Strengths

Education

- Good schools
- Good rural schools can be used to teach nutrition and health
- District 145
- HCC retraining programs for better jobs with health care benefits
- Master Builder's Program at county jail

Health care system

- Health care quality and access
- Health care system is very good
- Proximity to Madison, Rockford, Chicago for specialty medical service including long term care, rehab, cancer treatment
- Recruiting efforts by FHN, TMC to bring in more MDs
- Good Health Department
- Sponsored health fairs and seminars
- Senior Center-various programs (health screening, exercise programs, etc)

Social environment

- Good place to raise children
- Good schools
- Good rural schools can be used to teach nutrition and health
- Good collaboration within community, significant volunteerism
- Coordination of preventive services provided by agencies and community groups (FACC, Salvation Army, township, DCFS, etc)
- Collaboration between city, township and county government
- "terrific" social service agencies, strong charitable organizations
- Diversity and understanding
- Families able to care for elderly, transport to appointments., etc
- Active faith community
- Focused effort by faith based communities throughout Freeport to get community initiatives done (B&G club, FACC, etc)
- Proximity to Chicago, Madison, Milwaukee for cultural events
- Availability of recreational facilities and scholarships to use them

Physical environment

- Clean air and water
- Good parks and recreation
- Good recreation opportunities
- Jane Addams Trail and WI trail system

Transportation

- Highway system (?)
- Transit system (Pretzel City Transit) in development

Opportunities

Education

- HCC providing bridge for students going on to 4 year institutions, job training and re training
- HCC initiative to develop a wind turbine worker training program
- HCC educational programs
- Use schools to expand on State Learning Objectives for health education classes; can use our good schools to teach more about nutrition, health, etc
- Health education especially for minority kids
- Development of health consumer/patient education programs; what questions to ask, patient rights

Health system

Social environment

- More collaboration between charitable organizations especially as budget get tighter
- Improved communication between agencies and community groups with similar focus and agendas
- Senior citizens, volunteerism, mentoring, retirees' expertise
- Promotion of tourism through SCCVB, natural beauty of the area
- Use sesquicentennial as a springboard for further promoting cultural/historical aspects of the county
- Proximity to Chicago, Madison, Milwaukee for cultural events
- Youth leadership and community service as a requirement for HS graduation (30-40 hours)
- Boys and Girls Club as a potential partial solution for troubled, disaffected youth
- Neighborhood watch groups as an effective adjunct to policing against crime and substance abuse
- High gas prices as a reason to stay home and shop Freeport
- Capitalize on national election cycle to get people motivated about social/political issues
- Stephenson County as a good place to start a business (low cost, available buildings, workforce, great promotion from Chamber of Commerce, etc)
- Energy initiatives (biodiesel, wind, ethanol, etc)
- Alternative energy development...wind, solar, biomass; Stephenson County could become a national leader in "green" technology; another great opportunity for HCC and local schools
- We can create good jobs with innovation and forward thinking; need a new County Board chair, someone not so arrogant and someone who can build coalitions
- Economic development; we have good available workforce and an affordable place to do business

Physical environment

Transportation

- Development of a fully functional, integrated transit system, especially for senior citizens

Threats

Education

- Lack of effective sex education (teen pregnancy, ATOD during pregnancy, low birth weight babies, etc)
- Low academic achievement in Freeport schools
- Lack of education and follow through about healthy lifestyle choices; “addiction” to fat, salt and sugar

Health system

- Decreased or “flat” funding for mental health and disability services, including alcohol, tobacco and other drug (ATOD) interventions and follow up, especially with youth
- ATOD among youth; possibly under reported
- Decreased or “flat” funding for Health Department prevention programs despite increased demand
- Funding cuts to local health departments
- Increased Medicaid usage leading to decreased reimbursement of health care system
- Limited funding for health care to uninsured, underinsured and Medicaid
- Cost of health care, both intrinsic costs and extrinsic (transportation to and from, gas prices, etc)
- Decreased or “flat” funding for mental health and disability services, including alcohol, tobacco and other drug (ATOD) interventions and follow up, especially with youth
- Increased cancer rates in the county
- Continued health disparities

Social environment

- Tax caps and flat sales tax revenues
- Un- and under- employment with decrease in real wages and benefits
- Increased mobility with lower income families moving in and out of communities, potentially bringing crime and its effect on schools
- Stagnant and/or decreasing population; not enough people/tax base to bring about change
- Housing generally affordable but perhaps not the best quality. Rents are relatively high for the quality received
- Elder abuse, esp. financial due to adult children’s low income and substance abuse
- Racism
- Use of social services by illegal immigrants
- Banking, mortgage, financial institution crisis giving rise to decrease personal financial stability, mental health issues, potential decreased utilization of health care
- National and international economics
- Energy costs may decrease people’s utilization of health care

- Unemployment, under employment and poverty National economy affecting local firms; potential loss of jobs and health care benefits
- Black male detachment from community, exclusion from opportunities?
- Incarceration rates for youth of all racial ethnic groups
- Poverty
- Racism
- Opposition to wind turbines and other alternative energy technologies by a vocal minority in the county

Physical environment

- Environmental exposures (farm chemicals, ground water contamination, etc)
- Environmental degradation from large farms (Bos dairy)

Transportation

Weaknesses

Education

- Too many waivers for kids to get out of high school physical education
- Lack of minority educators
- Dist 145

Health care system

- Lack of access and utilization of health care system by people of color; barriers?
- Health care costs
- Health care system: lack of insurance, cost of prescriptions and services, lack of access
- Lack of trust of the health care system: depersonalized; doctors don't know patients, system run by profit motives, drugs over-prescribed
- Poor communication between doctor and patients and poor communication between hospital units
- Poor service at emergency rooms, sub-contracted physicians, too long of wait for services
- Decreasing number of jobs with good health care benefits
- Lack of affordable dental care for those without dental coverage on their insurance
- Lack of affordable dental care and access, even with insurance have to go out of county to get services, poor quality of FHN dentists
- Too many HMO/PPO restrictions on access to medical and dental care
- Lack of information on available health education opportunities from FHN, TMC, SCHD

Social environment

- Community leadership and volunteers spread too thin (the "usual suspects" problem), competition for Board membership between agencies, organizations
- Loss of corporate support of agencies, community organizations along with loss of jobs
- Loss of quality jobs with benefits
- Poverty

- Lack of continuity for social services for youth
- Lack of recognition of available social services among low income people
- No method to prevent use of social services by illegal immigrants and other non-citizens
- Lack of clear vision and planning at the county level that would attract better jobs, development in a sustainable manner
- Teen drinking and partying in the country
- Motor vehicle crashes
- Lack of adult supervision for kids on weekends, after sporting events
- Lack of parental supervision
- Youth not taking advantage of recreational activities
- Too much overweight and obesity and smoking that drives up everyone's health care costs
- Questionable quality of housing for the rent, cost; affordable housing in poor neighborhoods; potential toxic exposures in certain areas Safety

Physical environment

Transportation

- Poor commercial transportation, lack of Interstate, four lane highways, 80,000 pound roads and no money available to build them
- Lack of transportation for routine travel (appointments, shopping, etc) both in Freeport and in the county
- No north-south four lane highway to encourage economic development; still no four lane to Galena
- Lack of a fully functional, integrated transit system, especially for senior citizens